

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOLF PAC

ADDRESS (number and street)

6230 WILSHIRE BLVD SUITE 140

Check if different  
than previously  
reported. (ACC)

LOS ANGELES

CA

90048

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00485102

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

07

01

2016

09

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Koller, David, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Koller, David, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

10

13

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOLF PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5">133183.11</td></tr></table>	133183.11				
Y	Y	Y	Y	Y													
2016																	
133183.11																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">71224.99</td></tr></table>	71224.99															
71224.99																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">79988.78</td></tr></table>	79988.78					<table><tr><td colspan="5">252832.20</td></tr></table>	252832.20									
79988.78																	
252832.20																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">151213.77</td></tr></table>	151213.77					<table><tr><td colspan="5">386015.31</td></tr></table>	386015.31									
151213.77																	
386015.31																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">100125.36</td></tr></table>	100125.36					<table><tr><td colspan="5">334926.90</td></tr></table>	334926.90									
100125.36																	
334926.90																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">51088.41</td></tr></table>	51088.41					<table><tr><td colspan="5">51088.41</td></tr></table>	51088.41									
51088.41																	
51088.41																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**WOLF PAC**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

16240.00

31065.00

(ii) Unitemized .....

63515.76

219483.98

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

79755.76

250548.98

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

79755.76

250548.98

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

233.02

2283.22

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

79988.78

252832.20

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

79988.78

252832.20

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	100125.36	305926.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	100125.36	305926.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	24000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	100125.36	334926.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	100125.36	334926.90

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	79755.76	250548.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	79755.76	250548.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	100125.36	305926.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	233.02	2283.22
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	99892.34	303643.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Adams, Joseph, , ,**

Mailing Address 1405 Berwick Rd.

City  
Towson

State  
MD

Zip Code  
21204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Turning Point Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 13 / 2016

**Transaction ID : SA11AI.22167**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Adams, Joseph, , ,**

Mailing Address 1405 Berwick Rd.

City  
Towson

State  
MD

Zip Code  
21204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Turning Point Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2016

**Transaction ID : SA11AI.22168**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Adams, Robert, , ,**

Mailing Address 534 S. Oak Knoll Ave., #204

City  
Pasadena

State  
CA

Zip Code  
91101-3479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2016

**Transaction ID : SA11AI.22171**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 199

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Al-Hamed, Ibrahim, , ,**

Mailing Address 5101 Hector Pl Apt. I

City  
Indianapolis

State  
IN

Zip Code  
46241

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 15 / 2016

**Transaction ID : SA11Al.22180**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Alcott, Russell, , ,**

Mailing Address 3200 Old Winter Garden Rd Apt 1918

City  
Ocoee

State  
FL

Zip Code  
34761-4533

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
disabled

Occupation (for Individual)  
disabled

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 26 / 2016

**Transaction ID : SA11Al.22174**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Alexander, David, , ,**

Mailing Address 6374 Greenway Rd

City  
Fort Worth

State  
TX

Zip Code  
76116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 28 / 2016

**Transaction ID : SA11Al.22175**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Alexander, David, , ,**

Mailing Address 6374 Greenway Rd

City  
Fort Worth

State  
TX

Zip Code  
76116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2016

Transaction ID : SA11AI.22176

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Alexander, David, , ,**

Mailing Address 6374 Greenway Rd

City  
Fort Worth

State  
TX

Zip Code  
76116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

Transaction ID : SA11AI.22177

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Allsberry, Chris, , ,**

Mailing Address 2455 Union Blvd 1A

City  
Islip

State  
NY

Zip Code  
11751

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Broadridge Financial Solutions

Occupation (for Individual)  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 19 / 2016

Transaction ID : SA11AI.22184

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Allsberry, Chris, , ,**

Mailing Address 2455 Union Blvd 1A

City  
Islip

State  
NY

Zip Code  
11751

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Broadridge Financial Solutions

Occupation (for Individual)

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

Transaction ID : SA11AI.22185

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Allsberry, Chris, , ,**

Mailing Address 2455 Union Blvd 1A

City  
Islip

State  
NY

Zip Code  
11751

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Broadridge Financial Solutions

Occupation (for Individual)

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2016

Transaction ID : SA11AI.22186

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Austin, Tommy, , ,**

Mailing Address 14500 McNab Avenue, Apt. 2410

City  
Bellflower

State  
CA

Zip Code  
90706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Northrup-Grumman

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : SA11AI.22193

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 199

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bahramy, Shawn, , ,**

Mailing Address 223 Brookhaven Ct

City

Acworth

State

GA

Zip Code

30102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cumberland Group

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

**Transaction ID : SA11AI.22196**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Baird, Greg, , ,**

Mailing Address 138 Southgate Rd

City

Wilmington

State

NC

Zip Code

28412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
tribute properties

Occupation (for Individual)

Maintenance Superintendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2016

**Transaction ID : SA11AI.22199**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Baker, Pablo, , ,**

Mailing Address 2051 Mokelumne drive

City

Antioch

State

CA

Zip Code

94531

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaiser Permanente

Occupation (for Individual)

Stationary Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016

**Transaction ID : SA11AI.22200**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Baker, Pablo, , ,**

Mailing Address 2051 Mokelumne drive

City  
Antioch

State  
CA

Zip Code  
94531

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaiser Permanente

Occupation (for Individual)  
Stationary Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 01 / 2016

Transaction ID : SA11AI.22201

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Baker, Pablo, , ,**

Mailing Address 2051 Mokelumne drive

City  
Antioch

State  
CA

Zip Code  
94531

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaiser Permanente

Occupation (for Individual)  
Stationary Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 01 / 2016

Transaction ID : SA11AI.22202

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bashaw, Debra, , ,**

Mailing Address 4051 287th Ave SE

City  
Fall City

State  
WA

Zip Code  
98024

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2016

Transaction ID : SA11AI.22207

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bassett, Jeffrey, , ,

Mailing Address 4729 Falcon St

City

Rockville

State

MD

Zip Code

20853

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

George Mason University

Occupation (for Individual)

Researcher

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2016

Transaction ID : SA11AI.22210

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bazen, Chris, , ,

Mailing Address 11827 Lyndora St

City

Norwalk

State

CA

Zip Code

90650

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Advance Radiator auto repair

Occupation (for Individual)

Auto repair tech

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.22214

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bean, Bryon, , ,

Mailing Address 790 CLOUD CAP Ave

City

Pagosa Springs

State

CO

Zip Code

80010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CivicMinder, LLC

Occupation (for Individual)

Software Engineer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2016

Transaction ID : SA11AI.22217

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bell, Christine, , ,**

Mailing Address 9541 Signal Ct.

City  
Sacramento

State  
CA

Zip Code  
95827

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2016

**Transaction ID : SA11AI.22218**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bell, Christine, , ,**

Mailing Address 9541 Signal Ct.

City  
Sacramento

State  
CA

Zip Code  
95827

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2016

**Transaction ID : SA11AI.22219**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bell, Christine, , ,**

Mailing Address 9541 Signal Ct.

City  
Sacramento

State  
CA

Zip Code  
95827

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2016

**Transaction ID : SA11AI.22220**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bell, Michael, , ,**

Mailing Address 9541 Signal Ct

City  
Sacramento

State  
CA

Zip Code  
95827

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Guided Wave Inc.

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2016

Transaction ID : SA11AI.22223

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bell, Michael, , ,**

Mailing Address 9541 Signal Ct

City  
Sacramento

State  
CA

Zip Code  
95827

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Guided Wave Inc.

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : SA11AI.22224

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bell, Michael, , ,**

Mailing Address 9541 Signal Ct

City  
Sacramento

State  
CA

Zip Code  
95827

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Guided Wave Inc.

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2016

Transaction ID : SA11AI.22225

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Berry, Paul, , ,**

Mailing Address 6107 E 77th St

City  
Tulsa

State  
OK

Zip Code  
74136

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WCI

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

**Transaction ID : SA11AI.22230**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bingaman, Henry, , ,**

Mailing Address 325 B Monroe St

City

Philadelphia

State

PA

Zip Code

19147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Marketing Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2016

**Transaction ID : SA11AI.22233**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bingaman, Henry, , ,**

Mailing Address 325 B Monroe St

City

Philadelphia

State

PA

Zip Code

19147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Marketing Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2016

**Transaction ID : SA11AI.22234**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bingaman, Henry, , ,**

Mailing Address 325 B Monroe St

City  
Philadelphia

State  
PA

Zip Code  
19147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Marketing Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2016

Transaction ID : SA11AI.22235

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bonsall, Jason, , ,**

Mailing Address 6517 Old Magnolia Ln

City  
Mint Hill

State  
NC

Zip Code  
28227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
none

Occupation (for Individual)  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 23 / 2016

Transaction ID : SA11AI.22246

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bowman, Alex, , ,**

Mailing Address 1301 Salem Cir

City  
Bowling Green

State  
KY

Zip Code  
42101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Psychiatric Hospital

Occupation (for Individual)  
Case Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2016

Transaction ID : SA11AI.22247

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bowman, Alex, , ,**

Mailing Address 1301 Salem Cir

City

Bowling Green

State

KY

Zip Code

42101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Psychiatric Hospital

Occupation (for Individual)

Case Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2016

**Transaction ID : SA11AI.22248**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bowman, Alex, , ,**

Mailing Address 1301 Salem Cir

City

Bowling Green

State

KY

Zip Code

42101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Psychiatric Hospital

Occupation (for Individual)

Case Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.22249**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Boyer, Adam, , ,**

Mailing Address 608 Ray Drive

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2016

**Transaction ID : SA11AI.22250**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Boyer, Adam, , ,**

Mailing Address 608 Ray Drive

City  
Silver Spring

State  
MD

Zip Code  
20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2016

Transaction ID : SA11AI.22251

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Boyer, Adam, , ,**

Mailing Address 608 Ray Drive

City  
Silver Spring

State  
MD

Zip Code  
20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2016

Transaction ID : SA11AI.22252

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Boyer, Leonard, , ,**

Mailing Address 2059 Cedar Garden Dr

City  
Orlando

State  
FL

Zip Code  
32824

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silver Airways

Occupation (for Individual)  
Aircraft Mechanic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2016

Transaction ID : SA11AI.22254

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brady, Mary, , ,**

Mailing Address 3272 Bittersweet Ln

City  
Dubuque

State  
IA

Zip Code  
52001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retired

Occupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

Transaction ID : SA11AI.22257

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bredehoeft, John, , ,**

Mailing Address 6401 S Boston St, Unit G204

City  
Greenwood Village

State  
CO

Zip Code  
80111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
IT Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.22260

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Briggs, Frank, , ,**

Mailing Address 812 E. Washington St.

City  
Tecumseh

State  
OK

Zip Code  
74873

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
none

Occupation (for Individual)  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2016

Transaction ID : SA11AI.22263

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Courtez, , ,**

Mailing Address 1108 Morningstar Trail

City  
Richardson

State  
TX

Zip Code  
75081

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mastercard

Occupation (for Individual)

Software Technical Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2016

Transaction ID : SA11AI.22267

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Courtez, , ,**

Mailing Address 1108 Morningstar Trail

City  
Richardson

State  
TX

Zip Code  
75081

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mastercard

Occupation (for Individual)

Software Technical Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2016

Transaction ID : SA11AI.22268

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Courtez, , ,**

Mailing Address 1108 Morningstar Trail

City  
Richardson

State  
TX

Zip Code  
75081

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mastercard

Occupation (for Individual)

Software Technical Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2016

Transaction ID : SA11AI.22269

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bucknor, Maurice, , ,**

Mailing Address 4016 Maguire Blvd

City  
Orlando

State  
FL

Zip Code  
32803

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Aetna

Occupation (for Individual)

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2016

Transaction ID : SA11AI.22274

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Butcher, Eric, , ,**

Mailing Address 113 Downing Ct

City

Noblesville

State

IN

Zip Code

46060

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Zotec Partners LLC

Occupation (for Individual)

Network Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.22285

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cahill, Daniel, , ,**

Mailing Address 1103 Slaydon St.

City

Henderson

State

TX

Zip Code

75654

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New London United Methodist Ch

Occupation (for Individual)

Music Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2016

Transaction ID : SA11AI.22288

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cahill, Daniel, , ,**

Mailing Address 1103 Slaydon St.

City  
Henderson

State  
TX

Zip Code  
75654

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New London United Methodist Ch

Occupation (for Individual)  
Music Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : SA11AI.22289**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cahill, Daniel, , ,**

Mailing Address 1103 Slaydon St.

City  
Henderson

State  
TX

Zip Code  
75654

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New London United Methodist Ch

Occupation (for Individual)  
Music Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.22290**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Canman, Julie, , ,**

Mailing Address 200 Pinehurst Ave

City  
New York

State  
NY

Zip Code  
10033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University

Occupation (for Individual)  
Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11AI.22291**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Canman, Julie, , ,**

Mailing Address 200 Pinehurst Ave

City  
New York

State  
NY

Zip Code  
10033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University

Occupation (for Individual)  
Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 11 / 2016

**Transaction ID : SA11AI.22292**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Canman, Julie, , ,**

Mailing Address 200 Pinehurst Ave

City  
New York

State  
NY

Zip Code  
10033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University

Occupation (for Individual)  
Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2016

**Transaction ID : SA11AI.22293**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Canman, Julie, , ,**

Mailing Address 200 Pinehurst Ave

City  
New York

State  
NY

Zip Code  
10033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University

Occupation (for Individual)  
Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2016

**Transaction ID : SA11AI.22294**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Canman, Julie, , ,**

Mailing Address 200 Pinehurst Ave

City  
New York

State  
NY

Zip Code  
10033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University

Occupation (for Individual)  
Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2016

Transaction ID : SA11AI.22295

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Canman, Julie, , ,**

Mailing Address 200 Pinehurst Ave

City  
New York

State  
NY

Zip Code  
10033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University

Occupation (for Individual)  
Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2016

Transaction ID : SA11AI.22296

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cardenas, Alvaro, , ,**

Mailing Address 1835 Fillmore Street

City  
Santa Clara

State  
CA

Zip Code  
95050

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NA

Occupation (for Individual)  
Self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 05 / 2016

Transaction ID : SA11AI.22297

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cardenas, Alvaro, , ,

Mailing Address 1835 Fillmore Street

City  
Santa Clara

State  
CA

Zip Code  
95050

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NA

Occupation (for Individual)  
Self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : SA11AI.22298

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cardenas, Alvaro, , ,

Mailing Address 1835 Fillmore Street

City  
Santa Clara

State  
CA

Zip Code  
95050

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NA

Occupation (for Individual)  
Self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2016

Transaction ID : SA11AI.22299

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Castaneda, Humberto, , ,

Mailing Address 12735 NE 116 Ln Apt H

City  
Kirkland

State  
WA

Zip Code  
98034

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2016

Transaction ID : SA11AI.22302

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

75.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Castaneda, Humberto, , ,

Mailing Address 12735 NE 116 Ln Apt H

City  
KirklandState  
WAZip Code  
98034FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2016

Transaction ID : SA11AI.22303

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Castro-Alvear, Jorge, , ,

Mailing Address 2740 E SCHILIRO Cir

City  
PhoenixState  
AZZip Code  
85032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2016

Transaction ID : SA11AI.22307

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cepero, David, , ,

Mailing Address 6148 Pershing Ave

City  
Saint LouisState  
MOZip Code  
63112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southwestern Illinois CollegeOccupation (for Individual)  
Adjunct Instructor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2016

Transaction ID : SA11AI.22309

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

175.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cepero, David, , ,**

Mailing Address 6148 Pershing Ave

City  
Saint Louis

State  
MO

Zip Code  
63112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southwestern Illinois College

Occupation (for Individual)  
Adjunct Instructor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2016

**Transaction ID : SA11AI.22310**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. cespedes, bella, , ,**

Mailing Address 8114 sw 103 ave

City  
Miami

State  
FL

Zip Code  
33173

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 25 / 2016

**Transaction ID : SA11AI.22311**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chesterman, Patrick, , ,**

Mailing Address 311 bellerose Dr suite 138

City  
saint albert

State  
ZZ

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.22319**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Clute, Patrick, , ,**

Mailing Address 303 groundsel pl

City  
Clayton

State  
NC

Zip Code  
27527

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

**Transaction ID : SA11AI.22333**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Commins, Melanie, , ,**

Mailing Address 3630 wade street

City  
los angeles

State  
CA

Zip Code  
90066

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : SA11AI.22335**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Crowell, Erick, , ,**

Mailing Address 541 High Street

City  
Medford

State  
MA

Zip Code  
02155

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Plexxi, Inc.

Occupation (for Individual)  
Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2016

**Transaction ID : SA11AI.22348**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cupples, Courtney, , ,**

Mailing Address 115 Ridgewood Ave

City

North Haven

State

CT

Zip Code

06473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Alexion Pharma

Occupation (for Individual)

Marketing Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 11 / 2016

Transaction ID : SA11AI.22351

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cupples, Courtney, , ,**

Mailing Address 115 Ridgewood Ave

City

North Haven

State

CT

Zip Code

06473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Alexion Pharma

Occupation (for Individual)

Marketing Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2016

Transaction ID : SA11AI.22352

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cupples, Courtney, , ,**

Mailing Address 115 Ridgewood Ave

City

North Haven

State

CT

Zip Code

06473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Alexion Pharma

Occupation (for Individual)

Marketing Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2016

Transaction ID : SA11AI.22353

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dearing, Blake, , ,**

Mailing Address 109 white oak Ln

City  
Little Rock

State  
AR

Zip Code  
72227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arkansas Children's Hospital

Occupation (for Individual)  
IT Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2016

**Transaction ID : SA11AI.22379**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dearing, Blake, , ,**

Mailing Address 109 white oak Ln

City  
Little Rock

State  
AR

Zip Code  
72227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arkansas Children's Hospital

Occupation (for Individual)  
IT Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2016

**Transaction ID : SA11AI.22380**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Denley, walter, , ,**

Mailing Address 2546 Oakwood Trce

City  
Smyrna

State  
GA

Zip Code  
30080-8291

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retired

Occupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

**Transaction ID : SA11AI.22385**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

125.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Derthick, Andrew, , ,**

Mailing Address 647 deanwood Ln

City  
knoxville

State  
TN

Zip Code  
37934

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2016

**Transaction ID : SA11AI.22388**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DeSantis, Nick, , ,**

Mailing Address 424 N 70th St

City  
Seattle

State  
WA

Zip Code  
98103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2016

**Transaction ID : SA11AI.22389**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DeSantis, Nick, , ,**

Mailing Address 424 N 70th St

City  
Seattle

State  
WA

Zip Code  
98103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2016

**Transaction ID : SA11AI.22390**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DeSantis, Nick, , ,

Mailing Address 424 N 70th St

City  
SeattleState  
WAZip Code  
98103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2016

Transaction ID : SA11AI.22391

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dison, Kaleb, , ,

Mailing Address 1321 Madison Park Dr

City  
MadisonState  
ALZip Code  
35758FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2016

Transaction ID : SA11AI.22400

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dison, Kaleb, , ,

Mailing Address 1321 Madison Park Dr

City  
MadisonState  
ALZip Code  
35758FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2016

Transaction ID : SA11AI.22401

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

150.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dison, Kaleb, , ,**

Mailing Address 1321 Madison Park Dr

City  
Madison

State  
AL

Zip Code  
35758

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

Transaction ID : SA11AI.22402

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Doyle, Dennis, , ,**

Mailing Address 5450 Leary Ave NW  
Apt 552

City  
Seattle

State  
WA

Zip Code  
98107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

Transaction ID : SA11AI.22411

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duran, Shevket, , ,**

Mailing Address 425 W Broadway Apt 4A

City  
New York

State  
NY

Zip Code  
10012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Two Sigma Investments

Occupation (for Individual)

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2016

Transaction ID : SA11AI.22425

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Ealey, Leslie, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016 <b>Transaction ID : SA11AI.22428</b>	
Mailing Address PO Box 120971			Amount of Each Receipt this Period 25.00	
City Clermont	State FL	Zip Code 34711	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 225.00	
Name of Employer (for Individual) Retired			Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Edwards, Lynne, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2016 <b>Transaction ID : SA11AI.22434</b>	
Mailing Address 13 Ann Ave			Amount of Each Receipt this Period 25.00	
City Salem	State NH	Zip Code 03079	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 225.00	
Name of Employer (for Individual) N/A			Occupation (for Individual) N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Eggenberger, Florian, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2016 <b>Transaction ID : SA11AI.22435</b>	
Mailing Address 279 Springridge Dr			Amount of Each Receipt this Period 25.00	
City North Salt Lake	State UT	Zip Code 84054	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00	
Name of Employer (for Individual) self employed			Occupation (for Individual) IT System Designer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>SUBTOTAL</b> of Receipts This Page (optional).....			75.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Eggenberger, Florian, , ,**

Mailing Address 279 Springridge Dr

City

North Salt Lake

State

UT

Zip Code

84054

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self employed

Occupation (for Individual)  
IT System Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : SA11AI.22436

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Eggenberger, Florian, , ,**

Mailing Address 279 Springridge Dr

City

North Salt Lake

State

UT

Zip Code

84054

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self employed

Occupation (for Individual)  
IT System Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2016

Transaction ID : SA11AI.22437

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eggenberger, Florian, , ,**

Mailing Address 279 Springridge Dr

City

North Salt Lake

State

UT

Zip Code

84054

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self employed

Occupation (for Individual)  
IT System Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2016

Transaction ID : SA11AI.22438

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Eggenberger, Florian, , ,**

Mailing Address 279 Springridge Dr

City

North Salt Lake

State

UT

Zip Code

84054

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self employed

Occupation (for Individual)  
IT System Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2016

Transaction ID : SA11AI.22439

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Eggenberger, Florian, , ,**

Mailing Address 279 Springridge Dr

City

North Salt Lake

State

UT

Zip Code

84054

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self employed

Occupation (for Individual)  
IT System Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

Transaction ID : SA11AI.22440

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fallon, Peter, , ,**

Mailing Address 91 E Lincoln Ave

City

Valley Stream

State

NY

Zip Code

11580

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Assist

Occupation (for Individual)  
Electrical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 13 / 2016

Transaction ID : SA11AI.22451

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

150.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fallon, Peter, , ,**

Mailing Address 91 E Lincoln Ave

City

Valley Stream

State

NY

Zip Code

11580

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Park Assist

Occupation (for Individual)

Electrical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2016

Transaction ID : SA11AI.22452

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fallon, Peter, , ,**

Mailing Address 91 E Lincoln Ave

City

Valley Stream

State

NY

Zip Code

11580

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Park Assist

Occupation (for Individual)

Electrical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2016

Transaction ID : SA11AI.22453

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fell, Robert, , ,**

Mailing Address 2525 Arthur Ln

City

Mckinleyville

State

CA

Zip Code

95519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

self-employed

Occupation (for Individual)

Property Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2016

Transaction ID : SA11AI.22458

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fillion, Doris, , ,

Mailing Address 2911 Linden St

City  
OaklandState  
CAZip Code  
94608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-employed

Occupation (for Individual)

Landlord/retired nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 07 / 2016

Transaction ID : SA11AI.22463

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ford, Sean, , ,

Mailing Address 2011 Hearst Ave.

City  
BerkeleyState  
CAZip Code  
94709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2016

Transaction ID : SA11AI.22470

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fujita, Timothy, , ,

Mailing Address 14729 Bordeaux Ln

City  
Chino HillsState  
CAZip Code  
91709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

DoCircle

Occupation (for Individual)

Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2016

Transaction ID : SA11AI.22488

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garcia, Stephen, , ,**

Mailing Address 50 Dey St  
Loft 439

City  
Jersey City

State  
NJ

Zip Code  
07306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BFS

Occupation (for Individual)  
Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 04 / 2016

Transaction ID : SA11AI.22496

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Stephen, , ,**

Mailing Address 50 Dey St  
Loft 439

City  
Jersey City

State  
NJ

Zip Code  
07306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BFS

Occupation (for Individual)  
Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2016

Transaction ID : SA11AI.22497

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garcia, Stephen, , ,**

Mailing Address 50 Dey St  
Loft 439

City  
Jersey City

State  
NJ

Zip Code  
07306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BFS

Occupation (for Individual)  
Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2016

Transaction ID : SA11AI.22498

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garrett, Nicholas, , ,**

Mailing Address 405 NE WHITNEY ST

City  
BENTONVILLE

State  
AR

Zip Code  
72712

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Acosta

Occupation (for Individual)

Space Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.22505

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gater, Casey, , ,**

Mailing Address 5400 NW 39th Ave Apt S164

City  
Gainesville

State  
FL

Zip Code  
32606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

City of Gainesville

Occupation (for Individual)

Motoer Equipment Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2016

Transaction ID : SA11AI.22508

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Glover, Carl, , ,**

Mailing Address 4045 Colorado St

City  
Long Beach

State  
CA

Zip Code  
90814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Illumination Foundation

Occupation (for Individual)

Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2016

Transaction ID : SA11AI.22512

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Glover, Carl, , ,**

Mailing Address 4045 Colorado St

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Illumination Foundation

Occupation (for Individual)

Nurse

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 08 / 2016

Transaction ID : SA11AI.22513

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Glover, Carl, , ,**

Mailing Address 4045 Colorado St

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Illumination Foundation

Occupation (for Individual)

Nurse

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 08 / 2016

Transaction ID : SA11AI.22514

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Godin, Lindsay, , ,**

Mailing Address 2031 Yorkshire Ave

Apt 102

City

St. Paul

State

MN

Zip Code

55116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of Minnesota

Occupation (for Individual)

Postdoctoral Fellow

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 04 / 2016

Transaction ID : SA11AI.22517

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Goodwin, Paul, , ,**

Mailing Address 24724 Sagecrest Cir

City

Newhall

State

CA

Zip Code

91381

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

United Air Lines

Occupation (for Individual)

Pilot

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 05 / 2016

**Transaction ID : SA11AI.22522**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Goodwin, Paul, , ,**

Mailing Address 24724 Sagecrest Cir

City

Newhall

State

CA

Zip Code

91381

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

United Air Lines

Occupation (for Individual)

Pilot

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
08 / 05 / 2016

**Transaction ID : SA11AI.22523**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Goodwin, Paul, , ,**

Mailing Address 24724 Sagecrest Cir

City

Newhall

State

CA

Zip Code

91381

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

United Air Lines

Occupation (for Individual)

Pilot

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
09 / 05 / 2016

**Transaction ID : SA11AI.22524**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Graziano, John, , ,**

Mailing Address 1442 Queens Rd

City  
Berkeley

State  
CA

Zip Code  
94708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GREE International

Occupation (for Individual)  
Director of Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2016

Transaction ID : SA11AI.22527

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Graziano, John, , ,**

Mailing Address 1442 Queens Rd

City  
Berkeley

State  
CA

Zip Code  
94708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GREE International

Occupation (for Individual)  
Director of Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2016

Transaction ID : SA11AI.22528

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Graziano, John, , ,**

Mailing Address 1442 Queens Rd

City  
Berkeley

State  
CA

Zip Code  
94708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GREE International

Occupation (for Individual)  
Director of Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 03 / 2016

Transaction ID : SA11AI.22529

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hanson, Zachary, , ,**

Mailing Address 4950 Brewster Dr

City

Tarzana

State

CA

Zip Code

91356

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Quic Trade, inc.

Occupation (for Individual)

CTO/Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016

**Transaction ID : SA11AI.22547**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hanson, Zachary, , ,**

Mailing Address 4950 Brewster Dr

City

Tarzana

State

CA

Zip Code

91356

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Quic Trade, inc.

Occupation (for Individual)

CTO/Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2016

**Transaction ID : SA11AI.22548**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hanson, Zachary, , ,**

Mailing Address 4950 Brewster Dr

City

Tarzana

State

CA

Zip Code

91356

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Quic Trade, inc.

Occupation (for Individual)

CTO/Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2016

**Transaction ID : SA11AI.22549**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAYES, KEN, , ,

Mailing Address 1223 SW Catlin Crest Dr

City

Portland

State

OR

Zip Code

97225

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
selfOccupation (for Individual)  
investor-environmentalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016

Transaction ID : SA11AI.22550

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAYES, KEN, , ,

Mailing Address 1223 SW Catlin Crest Dr

City

Portland

State

OR

Zip Code

97225

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
selfOccupation (for Individual)  
investor-environmentalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2016

Transaction ID : SA11AI.22551

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hays, Jonathan, , ,

Mailing Address 1415 SW Alder St.  
Apt. 409

City

Portland

State

OR

Zip Code

97205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CorVelOccupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.22554

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Heesch, Jeremy, , ,**

Mailing Address 3014 W Sentinel Rock Rd

City  
Phoenix

State  
AZ

Zip Code  
85086

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vanguard Investment Group

Occupation (for Individual)  
Operations Business Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2016

Transaction ID : SA11AI.22555

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Heesch, Jeremy, , ,**

Mailing Address 3014 W Sentinel Rock Rd

City  
Phoenix

State  
AZ

Zip Code  
85086

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vanguard Investment Group

Occupation (for Individual)  
Operations Business Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2016

Transaction ID : SA11AI.22556

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Heesch, Jeremy, , ,**

Mailing Address 3014 W Sentinel Rock Rd

City  
Phoenix

State  
AZ

Zip Code  
85086

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vanguard Investment Group

Occupation (for Individual)  
Operations Business Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2016

Transaction ID : SA11AI.22557

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hibbert, Cleveland, , ,**

Mailing Address 215 WEST 90TH STREET #10B

City  
New York

State  
NY

Zip Code  
10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Sky Studios

Occupation (for Individual)

Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 21 / 2016

Transaction ID : SA11AI.22560

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hibbert, Cleveland, , ,**

Mailing Address 215 WEST 90TH STREET #10B

City  
New York

State  
NY

Zip Code  
10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Sky Studios

Occupation (for Individual)

Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 21 / 2016

Transaction ID : SA11AI.22561

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hibbert, Cleveland, , ,**

Mailing Address 215 WEST 90TH STREET #10B

City  
New York

State  
NY

Zip Code  
10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Sky Studios

Occupation (for Individual)

Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 21 / 2016

Transaction ID : SA11AI.22562

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Higgins, Marilyn, , ,**

Mailing Address 42685 Boulden Ct

City  
Canton

State  
MI

Zip Code  
48187

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 21 / 2016

Transaction ID : SA11AI.22567

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Higgins, Marilyn, , ,**

Mailing Address 42685 Boulden Ct

City  
Canton

State  
MI

Zip Code  
48187

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 22 / 2016

Transaction ID : SA11AI.22568

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hill, Brett, , ,**

Mailing Address 15801 SE 13th St

City  
Bellevue

State  
WA

Zip Code  
98008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Riverbed

Occupation (for Individual)  
Technical Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2016

Transaction ID : SA11AI.22571

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hilton, Edwin, , ,**

Mailing Address 30655 52 Ave So

City  
Auburn

State  
WA

Zip Code  
98001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KING COUNTY.GOV./Transt

Occupation (for Individual)  
Welder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 03 / 2016

Transaction ID : SA11AI.22574

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hoffman, Justin, , ,**

Mailing Address 144 La Barbara Rd

City  
Santa Fe

State  
NM

Zip Code  
87505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Naturopathic Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2016

Transaction ID : SA11AI.22575

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hoffman, Justin, , ,**

Mailing Address 144 La Barbara Rd

City  
Santa Fe

State  
NM

Zip Code  
87505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Naturopathic Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2016

Transaction ID : SA11AI.22576

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hoffman, Justin, , ,**

Mailing Address 144 La Barbara Rd

City  
Santa Fe

State  
NM

Zip Code  
87505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Naturo Pathic Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 03 / 2016

**Transaction ID : SA11AI.22577**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Holland, Mark, , ,**

Mailing Address 20712 5th Ave S

City  
Des Moines

State  
WA

Zip Code  
98198

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

IBEW LU 46

Occupation (for Individual)

Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2016

**Transaction ID : SA11AI.22580**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Holland, Mark, , ,**

Mailing Address 20712 5th Ave S

City  
Des Moines

State  
WA

Zip Code  
98198

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

IBEW LU 46

Occupation (for Individual)

Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2016

**Transaction ID : SA11AI.22581**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Holland, Mark, , ,

Mailing Address 20712 5th Ave S

City  
Des Moines

State  
WA

Zip Code  
98198

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IBEW LU 46

Occupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.22582

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hooton, Donna, , ,

Mailing Address 704 Wahoo Ct

City  
St. Marys

State  
GA

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self

Occupation (for Individual)  
Dental Hygienist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 03 / 2016

Transaction ID : SA11AI.22593

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Houghton, Brent, , ,

Mailing Address 14500 Las Palmas Dr #36

City  
Bakersfield

State  
CA

Zip Code  
93306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Slxbits Inc.

Occupation (for Individual)  
Software Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2016

Transaction ID : SA11AI.22594

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

125.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Houghton, Brent, , ,

Mailing Address 14500 Las Palmas Dr #36

City  
Bakersfield

State  
CA

Zip Code  
93306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Slixbits Inc.

Occupation (for Individual)  
Software Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2016

Transaction ID : SA11AI.22595

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Houghton, Brent, , ,

Mailing Address 14500 Las Palmas Dr #36

City  
Bakersfield

State  
CA

Zip Code  
93306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Slixbits Inc.

Occupation (for Individual)  
Software Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 21 / 2016

Transaction ID : SA11AI.22596

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Huber, Brandon, , ,

Mailing Address 13504 Schroeder Rd Apt 4305

City  
Houston

State  
TX

Zip Code  
77070

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HP

Occupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2016

Transaction ID : SA11AI.22601

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

125.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hudspeth, Robin, , ,**

Mailing Address 4712 NW 22nd St

City

Coconut Creek

State

FL

Zip Code

33063

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

**Transaction ID : SA11AI.22602**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Irvin, Chad, , ,**

Mailing Address 574 Button ave apartment # 162

City

Manteca

State

CA

Zip Code

95336

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tracey Unified School District

Occupation (for Individual)  
English Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 29 / 2016

**Transaction ID : SA11AI.22603**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Irvin, Chad, , ,**

Mailing Address 574 Button ave apartment # 162

City

Manteca

State

CA

Zip Code

95336

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tracey Unified School District

Occupation (for Individual)  
English Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 29 / 2016

**Transaction ID : SA11AI.22604**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 54 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Irvin, Chad, , ,**

Mailing Address 574 Button ave apartment # 162

City  
Manteca

State  
CA

Zip Code  
95336

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tracey Unified School District

Occupation (for Individual)  
English Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

Transaction ID : SA11AI.22605

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ivanovic, Nick, , ,**

Mailing Address 1906 W 41st Street

City  
Los Angeles

State  
CA

Zip Code  
90062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SoCal Edison

Occupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 23 / 2016

Transaction ID : SA11AI.22606

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ivanovic, Nick, , ,**

Mailing Address 1906 W 41st Street

City  
Los Angeles

State  
CA

Zip Code  
90062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SoCal Edison

Occupation (for Individual)  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2016

Transaction ID : SA11AI.22607

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ivanovic, Nick, , ,**

Mailing Address 1906 W 41st Street

City

Los Angeles

State

CA

Zip Code

90062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SoCal Edison

Occupation (for Individual)

Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : SA11AI.22608**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jendryka, Joshua, , ,**

Mailing Address 1338 S Van Ness Ave

City

San Francisco

State

CA

Zip Code

94110-4018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

IATSE Local 16

Occupation (for Individual)

Stagehand

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2016

**Transaction ID : SA11AI.22614**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Arthur B., , ,**

Mailing Address PO Box 374

City

Timberon

State

NM

Zip Code

88350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

retired

Occupation (for Individual)

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2016

**Transaction ID : SA11AI.22617**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Douglas, , ,**

Mailing Address 3631 Hood View Dr

City

Forest Grove

State

OR

Zip Code

97116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Acumed LLC

Occupation (for Individual)

IT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2016

Transaction ID : SA11AI.22620

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Eric, , ,**

Mailing Address 5879 Weiss St

City

Saginaw

State

MI

Zip Code

48603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

student

Occupation (for Individual)

student

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.22623

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Lawrence, , ,**

Mailing Address 7920 Briarbrook Dr

City

Ypsilanti

State

MI

Zip Code

48197

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of Michigan

Occupation (for Individual)

Assistant Registrar

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2016

Transaction ID : SA11AI.22632

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jordan, Dorothy, , ,**

Mailing Address 1745 Kendale Ave

City  
Memphis

State  
TN

Zip Code  
38114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nuvasive Inc

Occupation (for Individual)

Customer Service Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2016

**Transaction ID : SA11AI.22633**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jordan, Dorothy, , ,**

Mailing Address 1745 Kendale Ave

City  
Memphis

State  
TN

Zip Code  
38114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nuvasive Inc

Occupation (for Individual)

Customer Service Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2016

**Transaction ID : SA11AI.22634**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jordan, Dorothy, , ,**

Mailing Address 1745 Kendale Ave

City  
Memphis

State  
TN

Zip Code  
38114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Nuvasive Inc

Occupation (for Individual)

Customer Service Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11AI.22635**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kabchef, Robert, , ,**

Mailing Address 31848 Road 138

City  
Visalia

State  
CA

Zip Code  
93292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
None

Occupation (for Individual)  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 04 / 2016

**Transaction ID : SA11AI.22636**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kabchef, Robert, , ,**

Mailing Address 31848 Road 138

City  
Visalia

State  
CA

Zip Code  
93292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
None

Occupation (for Individual)  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2016

**Transaction ID : SA11AI.22637**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kabchef, Robert, , ,**

Mailing Address 31848 Road 138

City  
Visalia

State  
CA

Zip Code  
93292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
None

Occupation (for Individual)  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2016

**Transaction ID : SA11AI.22638**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kemp, Mark, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2016 <b>Transaction ID : SA11AI.22643</b>	
Mailing Address 37689 Spring Ln			Amount of Each Receipt this Period 25.00	
City Farmington Hills	State MI	Zip Code 48331	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Giffels Webster		Occupation (for Individual) Engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kemp, Mark, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2016 <b>Transaction ID : SA11AI.22644</b>	
Mailing Address 37689 Spring Ln			Amount of Each Receipt this Period 25.00	
City Farmington Hills	State MI	Zip Code 48331	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Giffels Webster		Occupation (for Individual) Engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Klewein, Thomas, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 24 / 2016 <b>Transaction ID : SA11AI.22649</b>	
Mailing Address 6118 Churchwood Ln			Amount of Each Receipt this Period 50.00	
City Greendale	State WI	Zip Code 53129	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Trisept Technology		Occupation (for Individual) Software Engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 275.00		

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 60 OF 199

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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kleewein, Thomas, , ,

Mailing Address 6118 Churchwood Ln

City  
Greendale

State  
WI

Zip Code  
53129

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Trisept Technology

Occupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2016

Transaction ID : SA11AI.22650

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kleewein, Thomas, , ,

Mailing Address 6118 Churchwood Ln

City  
Greendale

State  
WI

Zip Code  
53129

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Trisept Technology

Occupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2016

Transaction ID : SA11AI.22651

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kobacker, Alfred, , ,

Mailing Address 183-5 Joshuatown Rd

City  
Lyme

State  
CT

Zip Code  
06371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Musician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 23 / 2016

Transaction ID : SA11AI.22655

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

125.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kobacker, Alfred, , ,**

Mailing Address 183-5 Joshuatown Rd

City  
Lyme

State  
CT

Zip Code  
06371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Musician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 23 / 2016

Transaction ID : SA11AI.22656

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kobacker, Alfred, , ,**

Mailing Address 183-5 Joshuatown Rd

City  
Lyme

State  
CT

Zip Code  
06371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Musician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 23 / 2016

Transaction ID : SA11AI.22657

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kraft, Damon, , ,**

Mailing Address 1315 POE ST

City  
WENATCHEE

State  
WA

Zip Code  
98801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Max Glide LLC

Occupation (for Individual)  
Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 23 / 2016

Transaction ID : SA11AI.22660

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kraft, Damon, , ,**

Mailing Address 1315 POE ST

City  
WENATCHEE

State  
WA

Zip Code  
98801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Max Glide LLC

Occupation (for Individual)

Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY  
08 / 23 / 2016

Transaction ID : SA11AI.22661

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kraft, Damon, , ,**

Mailing Address 1315 POE ST

City  
WENATCHEE

State  
WA

Zip Code  
98801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Max Glide LLC

Occupation (for Individual)

Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
09 / 23 / 2016

Transaction ID : SA11AI.22662

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kropas, Katelynn, , ,**

Mailing Address 73 Kennedy Cir

City  
South Easton

State  
MA

Zip Code  
02375

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Rite Aid

Occupation (for Individual)

Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
09 / 17 / 2016

Transaction ID : SA11AI.22668

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Krzak, Michael, , ,**

Mailing Address 520 Main St

City  
Avoca

State  
PA

Zip Code  
18641

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tobyhanna Army Depot

Occupation (for Individual)  
Electronics Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11AI.22671**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lamarre, Michael, , ,**

Mailing Address 9584 Hiker Hill Rd

City  
San Diego

State  
CA

Zip Code  
92129

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CCAD, LLC

Occupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2016

**Transaction ID : SA11AI.22677**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lasiter, Matthew, , ,**

Mailing Address 3155 Whileaway Cir E

City  
Colorado Springs

State  
CO

Zip Code  
80917

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Company

Occupation (for Individual)  
Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2016

**Transaction ID : SA11AI.22680**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Laura's Business Services**

Mailing Address 3137 Blossom Glen Dr.

City  
Henderson

State  
NV

Zip Code  
89014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 17 / 2016

Transaction ID : SA11AI.22155

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. LeBlanc, Johnny, , ,**

Mailing Address 8507 Bell Mountain Drive

City  
Austin

State  
TX

Zip Code  
78730

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 07 / 2016

Transaction ID : SA11AI.22686

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Lemay, Bryant, , ,**

Mailing Address 13 Dryden Blvd

City  
Warwick

State  
RI

Zip Code  
02888

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime Motor Group

Occupation (for Individual)  
Automotive Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 17 / 2016

Transaction ID : SA11AI.22689

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lemme, Michael, , ,

Mailing Address 63 Sunnyside Ave

City  
Mill Valley

State  
CA

Zip Code  
94941

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Communication Design

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : SA11AI.22692

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lemme, Michael, , ,

Mailing Address 63 Sunnyside Ave

City  
Mill Valley

State  
CA

Zip Code  
94941

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Communication Design

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2016

Transaction ID : SA11AI.22693

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lemme, Michael, , ,

Mailing Address 63 Sunnyside Ave

City  
Mill Valley

State  
CA

Zip Code  
94941

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Communication Design

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

Transaction ID : SA11AI.22694

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Liberty, Richard, , ,**

Mailing Address 10110 Highway 9 Apt 6

City

Ben Lomond

State

CA

Zip Code

95005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

8x8, Inc.

Occupation (for Individual)

Sales Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 29 / 2016

Transaction ID : SA11AI.22695

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Liberty, Richard, , ,**

Mailing Address 10110 Highway 9 Apt 6

City

Ben Lomond

State

CA

Zip Code

95005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

8x8, Inc.

Occupation (for Individual)

Sales Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 29 / 2016

Transaction ID : SA11AI.22696

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Liberty, Richard, , ,**

Mailing Address 10110 Highway 9 Apt 6

City

Ben Lomond

State

CA

Zip Code

95005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

8x8, Inc.

Occupation (for Individual)

Sales Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

Transaction ID : SA11AI.22697

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Link, Sean and Amanda, , ,

Mailing Address 9137 Harlequin Cir

City  
Longmont

State  
CO

Zip Code  
80504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.22705

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. lloyd, kathy, , ,

Mailing Address 150 Hiran Barron Rd

City  
Pollock

State  
LA

Zip Code  
71467

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Evangeline Bank and Trust

Occupation (for Individual)  
Process Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2016

Transaction ID : SA11AI.22706

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. lloyd, kathy, , ,

Mailing Address 150 Hiran Barron Rd

City  
Pollock

State  
LA

Zip Code  
71467

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Evangeline Bank and Trust

Occupation (for Individual)  
Process Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2016

Transaction ID : SA11AI.22707

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

175.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lornitzo, Susan, , ,**

Mailing Address Po box 363

City  
Bradford

State  
VT

Zip Code  
05033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Worldlearning

Occupation (for Individual)

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 13 / 2016

**Transaction ID : SA11AI.22715**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lornitzo, Susan, , ,**

Mailing Address Po box 363

City  
Bradford

State  
VT

Zip Code  
05033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Worldlearning

Occupation (for Individual)

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2016

**Transaction ID : SA11AI.22716**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Luckenbach, Judy, , ,**

Mailing Address 110 N Milam #141

City  
Fredericksburg

State  
TX

Zip Code  
78624

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Interior Design

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2016

**Transaction ID : SA11AI.22721**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lucy, Josh, , ,

Mailing Address 1545 NW 15th Street Road  
 Apt 1302

City  
 Miami

State  
 FL

Zip Code  
 33125

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Debt USA Corporation

Occupation (for Individual)  
 Sr. Systems Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2016

Transaction ID : SA11AI.22724

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Manchester, Chris, , ,

Mailing Address 8201 NE 97th St

City

Kansas City

State

MO

Zip Code

64157-7607

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Cerner

Occupation (for Individual)  
 Systems Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2016

Transaction ID : SA11AI.22729

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Manchester, Chris, , ,

Mailing Address 8201 NE 97th St

City

Kansas City

State

MO

Zip Code

64157-7607

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Cerner

Occupation (for Individual)  
 Systems Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2016

Transaction ID : SA11AI.22730

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

125.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Manchester, Chris, , ,**

Mailing Address 8201 NE 97th St

City  
Kansas City

State  
MO

Zip Code  
64157-7607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cerner

Occupation (for Individual)  
Systems Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

Transaction ID : SA11AI.22731

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Matthews, Michael, , ,**

Mailing Address 1612 ARROWWOOD DR

City  
EASTON

State  
PA

Zip Code  
18040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.22742

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mazloomi, Farzad, , ,**

Mailing Address 634 Sycamore St  
Apt 4R

City  
Cincinnati

State  
OH

Zip Code  
45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TriHealth

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : SA11AI.22745

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McAndrew, Brendan, , ,**

Mailing Address 8150 Lakecrest Dr

City  
Greenbelt

State  
MD

Zip Code  
20770

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NASA

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : SA11AI.22748

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McDade, Mathew, , ,**

Mailing Address 854 Arbor Rd Apt B

City  
Menlo Park

State  
CA

Zip Code  
94025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stanford Hospital

Occupation (for Individual)  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2016

Transaction ID : SA11AI.22755

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McDade, Mathew, , ,**

Mailing Address 854 Arbor Rd Apt B

City  
Menlo Park

State  
CA

Zip Code  
94025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stanford Hospital

Occupation (for Individual)  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2016

Transaction ID : SA11AI.22756

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McGann, Edward, , ,**

Mailing Address PO box 813863

City  
Hollywood

State  
FL

Zip Code  
33081

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Florida Regional Council

Occupation (for Individual)

Director of Finance and Loans

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2016

**Transaction ID : SA11AI.22757**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McGann, Edward, , ,**

Mailing Address PO box 813863

City  
Hollywood

State  
FL

Zip Code  
33081

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Florida Regional Council

Occupation (for Individual)

Director of Finance and Loans

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2016

**Transaction ID : SA11AI.22758**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McGann, Edward, , ,**

Mailing Address PO box 813863

City  
Hollywood

State  
FL

Zip Code  
33081

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Florida Regional Council

Occupation (for Individual)

Director of Finance and Loans

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.22759**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McGregor, Scot, , ,

Mailing Address 2674 N Park Ln  
Apt 412

City  
Fitchburg

State  
WI

Zip Code  
53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Epic Systems Corporation

Occupation (for Individual)

Business Intelligence Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2016

Transaction ID : SA11AI.22765

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Meline, Douglas, , ,

Mailing Address 87 E RIVER View Dr

City

Saratoga Springs

State

UT

Zip Code

84045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SirsiDynix

Occupation (for Individual)

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2016

Transaction ID : SA11AI.22772

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Meline, Douglas, , ,

Mailing Address 87 E RIVER View Dr

City

Saratoga Springs

State

UT

Zip Code

84045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SirsiDynix

Occupation (for Individual)

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 03 / 2016

Transaction ID : SA11AI.22773

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meline, Douglas, , ,**

Mailing Address 87 E RIVER View Dr

City

Saratoga Springs

State

UT

Zip Code

84045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SirsiDynix

Occupation (for Individual)

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 03 / 2016

**Transaction ID : SA11AI.22774**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Merino, Oscar, , ,**

Mailing Address 59 North St

City

Pine Bush

State

NY

Zip Code

12566

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

LK Comstock

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

**Transaction ID : SA11AI.22778**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miller, Jana, , ,**

Mailing Address 2036 White Ash Way

City

Tallahassee

State

FL

Zip Code

32308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

self

Occupation (for Individual)

CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2016

**Transaction ID : SA11AI.22781**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miller, Jana, , ,**

Mailing Address 2036 White Ash Way

City  
Tallahassee

State  
FL

Zip Code  
32308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self

Occupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2016

**Transaction ID : SA11AI.22782**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Miller, Jana, , ,**

Mailing Address 2036 White Ash Way

City  
Tallahassee

State  
FL

Zip Code  
32308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self

Occupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.22783**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miranda, Marina, , ,**

Mailing Address 6949 Exeter Ct  
Apt 203

City  
Frederick

State  
MD

Zip Code  
21703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Western Services Corporation

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2016

**Transaction ID : SA11AI.22788**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miranda, Marina, , ,**

Mailing Address 6949 Exeter Ct  
Apt 203

City  
Frederick

State  
MD

Zip Code  
21703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Western Services Corporation

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2016

Transaction ID : SA11AI.22789

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Miranda, Marina, , ,**

Mailing Address 6949 Exeter Ct  
Apt 203

City  
Frederick

State  
MD

Zip Code  
21703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Western Services Corporation

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2016

Transaction ID : SA11AI.22790

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mirly, Alan, , ,**

Mailing Address 2621 Sonoma St

City  
Pocatello

State  
ID

Zip Code  
83201-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pocatello ENT

Occupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2016

Transaction ID : SA11AI.22791

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mirly, Alan, , ,**

Mailing Address 2621 Sonoma St

City  
Pocatello

State  
ID

Zip Code  
83201-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pocatello ENT

Occupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 18 / 2016

Transaction ID : SA11AI.22792

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mirly, Alan, , ,**

Mailing Address 2621 Sonoma St

City  
Pocatello

State  
ID

Zip Code  
83201-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pocatello ENT

Occupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 18 / 2016

Transaction ID : SA11AI.22793

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moe, Rachel, , ,**

Mailing Address 12631 SE 68th Pl

City  
Bellevue

State  
WA

Zip Code  
98006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Port of Seattle

Occupation (for Individual)  
Application Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 05 / 2016

Transaction ID : SA11AI.22796

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moe, Rachel, , ,**

Mailing Address 12631 SE 68th PI

City  
Bellevue

State  
WA

Zip Code  
98006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Port of Seattle

Occupation (for Individual)  
Application Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

Transaction ID : SA11AI.22797

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moe, Rachel, , ,**

Mailing Address 12631 SE 68th PI

City  
Bellevue

State  
WA

Zip Code  
98006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Port of Seattle

Occupation (for Individual)  
Application Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2016

Transaction ID : SA11AI.22798

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mohammed, Malik, , ,**

Mailing Address 4318 9th St nw

City  
Washington

State  
DC

Zip Code  
20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USI

Occupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2016

Transaction ID : SA11AI.22801

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moore, Cristal, , ,**

Mailing Address 10810 Appalachian Hwy

City  
Davis

State  
WV

Zip Code  
26260

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 16 / 2016

Transaction ID : SA11AI.22803

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moore, Cristal, , ,**

Mailing Address 10810 Appalachian Hwy

City  
Davis

State  
WV

Zip Code  
26260

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 16 / 2016

Transaction ID : SA11AI.22804

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moraes, Eduardo, , ,**

Mailing Address 10013 Cicero Dr

City  
Alpharetta

State  
GA

Zip Code  
30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hi Rez Studios

Occupation (for Individual)

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 17 / 2016

Transaction ID : SA11AI.22810

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mueller, Erik, , ,**

Mailing Address 850 Quincy St NW Apt 205

City  
Washington

State  
DC

Zip Code  
20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NTSB

Occupation (for Individual)

Materials Research Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : SA11AI.22813**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Muller, Douglas, , ,**

Mailing Address 459 ridge Rd

City  
Hamden

State  
CT

Zip Code  
06517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

DDS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : SA11AI.22816**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. mulrone, maranda, , ,**

Mailing Address 1906 Willow Creek  
Apt 101

City  
Austin

State  
TX

Zip Code  
78741

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 03 / 2016

**Transaction ID : SA11AI.22819**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nevins, Paul, , ,**

Mailing Address 11803 Virginia Ave

City  
Kansas City

State  
MO

Zip Code  
64131

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cinema Scene Marketing

Occupation (for Individual)  
Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2016

**Transaction ID : SA11AI.22833**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Newsom, Nicholas, , ,**

Mailing Address 2208 Leadenhall Way

City  
Raleigh

State  
NC

Zip Code  
27603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rival Health

Occupation (for Individual)  
Director of Awesomeness

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016

**Transaction ID : SA11AI.22836**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Newsom, Nicholas, , ,**

Mailing Address 2208 Leadenhall Way

City  
Raleigh

State  
NC

Zip Code  
27603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rival Health

Occupation (for Individual)  
Director of Awesomeness

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2016

**Transaction ID : SA11AI.22837**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Newsom, Nicholas, , ,**

Mailing Address 2208 Leadenhall Way

City  
Raleigh

State  
NC

Zip Code  
27603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Rival Health

Occupation (for Individual)

Director of Awesomeness

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY  
09 / 01 / 2016

Transaction ID : SA11AI.22838

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nicholas, Gary, , ,**

Mailing Address 233 Squaw Trl

City  
Andover

State  
NJ

Zip Code  
07821

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

4S Technologies LLC

Occupation (for Individual)

Software Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
09 / 03 / 2016

Transaction ID : SA11AI.22843

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Niles, Wendel, , ,**

Mailing Address 17967 Tropical Cove Dr

City  
Tampa

State  
FL

Zip Code  
33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AAT GmbH

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
09 / 22 / 2016

Transaction ID : SA11AI.22846

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nissen, Bryan, , ,**

Mailing Address 12 Sparta Court

City  
South Amboy

State  
NJ

Zip Code  
08879

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ShowdMe

Occupation (for Individual)

Application Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2016

Transaction ID : SA11AI.22847

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nissen, Bryan, , ,**

Mailing Address 12 Sparta Court

City  
South Amboy

State  
NJ

Zip Code  
08879

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ShowdMe

Occupation (for Individual)

Application Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : SA11AI.22848

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nissen, Bryan, , ,**

Mailing Address 12 Sparta Court

City  
South Amboy

State  
NJ

Zip Code  
08879

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ShowdMe

Occupation (for Individual)

Application Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.22849

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Norris, Maria, , ,**

Mailing Address PO Box 30282

City

Santa Barbara

State

CA

Zip Code

93130

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
09 / 24 / 2016

Transaction ID : SA11AI.22854

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NULL, SHEILA, , ,**

Mailing Address 1264 MAGNOLIA Dr

City

Clearwater

State

FL

Zip Code

33756

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2016

Transaction ID : SA11AI.22857

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Oghoghomeh, Oteri, , ,**

Mailing Address 864 NE 62nd Ave Apt. K

City

Hillsboro

State

OR

Zip Code

97124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Intel

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2016

Transaction ID : SA11AI.22865

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ohkami, Youki, , ,

Mailing Address 910 Saratoga St Apt 19

City  
BostonState  
MAZip Code  
02128FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State Street CorporationOccupation (for Individual)  
Fund Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 29 / 2016

Transaction ID : SA11AI.22866

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ohkami, Youki, , ,

Mailing Address 910 Saratoga St Apt 19

City  
BostonState  
MAZip Code  
02128FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State Street CorporationOccupation (for Individual)  
Fund Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 29 / 2016

Transaction ID : SA11AI.22867

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ohkami, Youki, , ,

Mailing Address 910 Saratoga St Apt 19

City  
BostonState  
MAZip Code  
02128FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State Street CorporationOccupation (for Individual)  
Fund Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

Transaction ID : SA11AI.22868

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Olague, Erik, , ,**

Mailing Address 3900 Fairfax Dr 523

City  
Arlington

State  
VA

Zip Code  
22203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

OnDeck Capital

Occupation (for Individual)

Security Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 03 / 2016

**Transaction ID : SA11AI.22871**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Padron, Jose, , ,**

Mailing Address 3002 Heritage Creek Ter

City  
Houston

State  
TX

Zip Code  
77008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2016

**Transaction ID : SA11AI.22876**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Padron, Jose, , ,**

Mailing Address 3002 Heritage Creek Ter

City  
Houston

State  
TX

Zip Code  
77008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 09 / 2016

**Transaction ID : SA11AI.22877**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Padron, Jose, , ,

Mailing Address 3002 Heritage Creek Ter

City  
HoustonState  
TXZip Code  
77008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2016

Transaction ID : SA11AI.22878

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Panos, Patrick, , ,

Mailing Address 11820 S Mapleridge Cir

City  
SandyState  
UTZip Code  
84094FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Utah

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2016

Transaction ID : SA11AI.22883

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Patterson, John, , ,

Mailing Address 4306 Salem St

City  
WitchitaState  
KSZip Code  
67220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2016

Transaction ID : SA11AI.22892

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Patterson, Marshall, , ,

Mailing Address PO Box 914

City

Gold beach

State

OR

Zip Code

97444

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ColumbiaCare

Occupation (for Individual)

Residential Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2016

Transaction ID : SA11AI.22893

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Patterson, Marshall, , ,

Mailing Address PO Box 914

City

Gold beach

State

OR

Zip Code

97444

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ColumbiaCare

Occupation (for Individual)

Residential Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2016

Transaction ID : SA11AI.22894

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Patterson, Marshall, , ,

Mailing Address PO Box 914

City

Gold beach

State

OR

Zip Code

97444

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ColumbiaCare

Occupation (for Individual)

Residential Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2016

Transaction ID : SA11AI.22895

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Peng, Kevin, , ,**

Mailing Address 32-32 87th St

City

East Elmhurst

State

NY

Zip Code

11369

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sports and Arts in Schools Foundation

Occupation (for Individual)

Data Entry Specialist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2016

**Transaction ID : SA11AI.22906**

Amount of Each Receipt this Period

25.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Person, Julia, , ,**

Mailing Address 1129 Cavandish Dr

City

Carmel

State

IN

Zip Code

46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2016

**Transaction ID : SA11AI.22912**

Amount of Each Receipt this Period

25.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Phelps, Andrew, , ,**

Mailing Address 9761 Royal Woods Drive North

City

Mobile

State

AL

Zip Code

36608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

N/A

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.22915**

Amount of Each Receipt this Period

25.00



Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pickenheim, Mark, , ,

Mailing Address 10621 Donovans Hill Drive

City

Fairfax Station

State

VA

Zip Code

22039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Software Engineer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2016

Transaction ID : SA11AI.22918

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Plasch, Attila, , ,

Mailing Address 420 Kearney St #4

City

El Cerrito

State

CA

Zip Code

94530

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Charles Schwab

Occupation (for Individual)

Project Manager

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016

Transaction ID : SA11AI.22919

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Powers, Ian, , ,

Mailing Address 64 Rawson Rd

City

quincy

State

MA

Zip Code

02170

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Foster healthcare

Occupation (for Individual)

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2016

Transaction ID : SA11AI.22924

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

100.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Priakhine, Pavel, , ,**

Mailing Address 6104 Puffer Rd

City

Downers Grove

State

IL

Zip Code

60516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

Transaction ID : SA11AI.22927

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Quincy, Cheri, , ,**

Mailing Address 8555 Tarwater Rd

City

Santa Rosa

State

CA

Zip Code

95404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

self

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.22932

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Raghavan, Ashwin, , ,**

Mailing Address 51 Jarman Pl

City

Bridgewater

State

NJ

Zip Code

08807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Solaris Pharma Inc.

Occupation (for Individual)

Research Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : SA11AI.22937

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ramirez, Selene, , ,**

Mailing Address 1224 Utah St

City

Wenatchee

State

WA

Zip Code

98801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Peoples Bank

Occupation (for Individual)

Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2016

**Transaction ID : SA11AI.22943**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Regula, Bradley, , ,**

Mailing Address 10254 Spinnaker Run

City

Aurora

State

OH

Zip Code

44202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

L Corp

Occupation (for Individual)

Web Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

**Transaction ID : SA11AI.22948**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rice, Mark, , ,**

Mailing Address 516 W Bridle Path Ln

City

Payson

State

AZ

Zip Code

85541

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Electric Company

Occupation (for Individual)

PWR Plant Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2016

**Transaction ID : SA11AI.22951**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rice, Mark, , ,

Mailing Address 516 W Bridle Path Ln

City

Payson

State

AZ

Zip Code

85541

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Electric Company

Occupation (for Individual)

PWR Plant Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : SA11AI.22952

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rice, Mark, , ,

Mailing Address 516 W Bridle Path Ln

City

Payson

State

AZ

Zip Code

85541

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Electric Company

Occupation (for Individual)

PWR Plant Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2016

Transaction ID : SA11AI.22953

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ritalNK

Mailing Address 41 Duncan Avenue

City

Cornwall-on-Hudson

State

NY

Zip Code

12520

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2016

Transaction ID : SA11AI.22158

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Robbins, Christopher, , ,

Mailing Address 11977 Glen Alden Rd

City  
FairfaxState  
VAZip Code  
22030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sprint

Occupation (for Individual)

Store Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2016

Transaction ID : SA11AI.22961

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Roberts, Nathanael, , ,

Mailing Address 7 Wyoming Ave

City  
AudubonState  
NJZip Code  
08106FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Geographic Services Inc

Occupation (for Individual)

Environmental Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2016

Transaction ID : SA11AI.22964

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Robertson, John, , ,

Mailing Address 114 S Bluff Creek Cir

City  
SpringState  
TXZip Code  
77382FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Windstream Inc

Occupation (for Individual)

Manager Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2016

Transaction ID : SA11AI.22970

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

75.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rodriguez, Favio, , ,**

Mailing Address 11730 SW 11th St

City  
Davie

State  
FL

Zip Code  
33325

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lan Infotech

Occupation (for Individual)  
Systems Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : SA11AI.22978**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. rome, philip, , ,**

Mailing Address 1810 cherry St

City

port townsend

State

WA

Zip Code

98368

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

**Transaction ID : SA11AI.22983**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ross, Brendan, , ,**

Mailing Address 3312 W 64th Ave  
Denver, CO 80221

City

Denver

State

CO

Zip Code

80221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colorado University

Occupation (for Individual)  
Research Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2016

**Transaction ID : SA11AI.22989**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ross, Brendan, , ,**

Mailing Address 3312 W 64th Ave  
 Denver, CO 80221

City State Zip Code  
 Denver CO 80221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
 Colorado University

Occupation (for Individual)  
 Research Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY  
 08 / 03 / 2016

Transaction ID : SA11AI.22990

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ross, Brendan, , ,**

Mailing Address 3312 W 64th Ave  
 Denver, CO 80221

City State Zip Code  
 Denver CO 80221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
 Colorado University

Occupation (for Individual)  
 Research Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
 09 / 03 / 2016

Transaction ID : SA11AI.22991

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rowsey, Robert, , ,**

Mailing Address 198 Foundry St

City State Zip Code  
 Morgantown NC 26505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
 Self-Employed

Occupation (for Individual)  
 Steel Drum Tuner/Craftsman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
 09 / 20 / 2016

Transaction ID : SA11AI.22994

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sage, Alex, , ,**

Mailing Address 29620 11th Ave SW

City  
Federal Way

State  
WA

Zip Code  
98023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
08 / 22 / 2016

Transaction ID : SA11AI.22998

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sage, Alex, , ,**

Mailing Address 29620 11th Ave SW

City  
Federal Way

State  
WA

Zip Code  
98023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
09 / 22 / 2016

Transaction ID : SA11AI.22999

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Salazar, Griselda, , ,**

Mailing Address 718 Walnut Ave

City  
McAllen

State  
TX

Zip Code  
78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UPS

Occupation (for Individual)  
Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
09 / 12 / 2016

Transaction ID : SA11AI.23002

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saya, Cody, , ,**

Mailing Address 1622 golden gate ave

City  
Los angeles

State  
CA

Zip Code  
90026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Graphic Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2016

**Transaction ID : SA11AI.23013**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Saya, Cody, , ,**

Mailing Address 1622 golden gate ave

City  
Los angeles

State  
CA

Zip Code  
90026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Graphic Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2016

**Transaction ID : SA11AI.23014**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saya, Cody, , ,**

Mailing Address 1622 golden gate ave

City  
Los angeles

State  
CA

Zip Code  
90026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Graphic Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.23015**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schafer, Samuel, , ,

Mailing Address 1117 St. Paul Ln

City  
OfallonState  
MOZip Code  
63366FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mo Dept of TransportationOccupation (for Individual)  
Senior Signal Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 22 / 2016

Transaction ID : SA11AI.23018

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sebas, Katherine, , ,

Mailing Address 6690 Abrego Rd Apt 314

City  
GoletaState  
CAZip Code  
93117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.23029

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Semivan, Jeanne, , ,

Mailing Address 1 Richdale Ave  
Unit 13City  
CambridgeState  
MAZip Code  
02140FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Social Security AdminOccupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2016

Transaction ID : SA11AI.23034

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

75.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sheriff, Kathryn, , ,**

Mailing Address 85 Wood St Apt 2

City  
Providence

State  
RI

Zip Code  
02909

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southern Graphics Systems

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2016

**Transaction ID : SA11AI.23041**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sheriff, Kathryn, , ,**

Mailing Address 85 Wood St Apt 2

City  
Providence

State  
RI

Zip Code  
02909

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southern Graphics Systems

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

**Transaction ID : SA11AI.23042**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Simpson, Devin, , ,**

Mailing Address 7117 Chabot Rd

City  
Oakland

State  
CA

Zip Code  
94618

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gap Inc.

Occupation (for Individual)  
Web Developer Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.23057**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sipman, Erik, , ,**

Mailing Address 2271 Prairie View Road

City  
Decorah

State  
IA

Zip Code  
52101-7860

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tritech Software Systems

Occupation (for Individual)  
Software Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2016

**Transaction ID : SA11AI.23058**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sipman, Erik, , ,**

Mailing Address 2271 Prairie View Road

City  
Decorah

State  
IA

Zip Code  
52101-7860

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tritech Software Systems

Occupation (for Individual)  
Software Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2016

**Transaction ID : SA11AI.23059**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sipman, Erik, , ,**

Mailing Address 2271 Prairie View Road

City  
Decorah

State  
IA

Zip Code  
52101-7860

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tritech Software Systems

Occupation (for Individual)  
Software Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2016

**Transaction ID : SA11AI.23060**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Matt, , ,**

Mailing Address 4006 Diane Rd

City  
Juneau

State  
AK

Zip Code  
99801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2016

Transaction ID : SA11AI.23067

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Matt, , ,**

Mailing Address 4006 Diane Rd

City  
Juneau

State  
AK

Zip Code  
99801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2016

Transaction ID : SA11AI.23068

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Matt, , ,**

Mailing Address 4006 Diane Rd

City  
Juneau

State  
AK

Zip Code  
99801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2016

Transaction ID : SA11AI.23069

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

150.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sorensen, Eric, , ,**

Mailing Address 17165 Killarney Ct.

City  
Granger

State  
IN

Zip Code  
46530

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cardno

Occupation (for Individual)  
IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2016

Transaction ID : SA11AI.23083

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stanish, Brian, , ,**

Mailing Address 2012 W St Paul Ave Unit 316

City  
Chicago

State  
IL

Zip Code  
60647

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Designer/Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 23 / 2016

Transaction ID : SA11AI.23090

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stanish, Brian, , ,**

Mailing Address 2012 W St Paul Ave Unit 316

City  
Chicago

State  
IL

Zip Code  
60647

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Designer/Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2016

Transaction ID : SA11AI.23091

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stanish, Brian, , ,**

Mailing Address 2012 W St Paul Ave Unit 316

City  
Chicago

State  
IL

Zip Code  
60647

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Designer/Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : SA11AI.23092

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stevens, Joshua, , ,**

Mailing Address 19001 276th Ave SE

City  
Issaquah

State  
WA

Zip Code  
98027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Microsoft

Occupation (for Individual)  
Software Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2016

Transaction ID : SA11AI.23093

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stevens, Joshua, , ,**

Mailing Address 19001 276th Ave SE

City  
Issaquah

State  
WA

Zip Code  
98027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Microsoft

Occupation (for Individual)  
Software Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2016

Transaction ID : SA11AI.23094

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Storm, Quinn, , ,**

Mailing Address 1064 Los Gamos Rd  
Unit M

City  
San Rafael

State  
CA

Zip Code  
94903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ditto.com

Occupation (for Individual)  
Dev/Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016

**Transaction ID : SA11AI.23096**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stratyllis, Inc.**

Mailing Address 6301 S 242nd PL  
Apt 7-201

City  
Kent

State  
WA

Zip Code  
98032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11AI.22162**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stutzman, Joe, , ,**

Mailing Address 1507 Houston St  
Apt 145

City  
Austin

State  
TX

Zip Code  
78756

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HostGator.com

Occupation (for Individual)  
Illustrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2016

**Transaction ID : SA11AI.23104**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sullivan, Tiffany, , ,**

Mailing Address 738 E Desert Park Ln

City  
Phoenix

State  
AZ

Zip Code  
85020

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Internal Medicine of Arizona

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2016

Transaction ID : SA11AI.23107

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. szabo, attila, , ,**

Mailing Address 2750 mall dr 325

City  
sarasota

State  
FL

Zip Code  
34231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11AI.23108

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. szabo, attila, , ,**

Mailing Address 2750 mall dr 325

City  
sarasota

State  
FL

Zip Code  
34231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2016

Transaction ID : SA11AI.23109

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. szabo, attila, , ,**

Mailing Address 2750 mall dr 325

City  
sarasota

State  
FL

Zip Code  
34231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2016

**Transaction ID : SA11AI.23110**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. tailor, kirk, , ,**

Mailing Address 27 Buena Vista St.

City  
Stamford

State  
CT

Zip Code  
06907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Darien Computer LLC

Occupation (for Individual)

Computer Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : SA11AI.23113**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tatman, Dereck, , ,**

Mailing Address 7481 Sean Taylor Lane

City  
San Diego

State  
CA

Zip Code  
92126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sequenom, Inc.

Occupation (for Individual)

VP of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2016

**Transaction ID : SA11AI.23117**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tatman, Dereck, , ,**

Mailing Address 7481 Sean Taylor Lane

City  
San Diego

State  
CA

Zip Code  
92126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sequenom, Inc.

Occupation (for Individual)  
VP of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

08 / 15 / 2016

Transaction ID : SA11AI.23118

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tatman, Dereck, , ,**

Mailing Address 7481 Sean Taylor Lane

City  
San Diego

State  
CA

Zip Code  
92126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sequenom, Inc.

Occupation (for Individual)  
VP of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 15 / 2016

Transaction ID : SA11AI.23119

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tester, Mark, , ,**

Mailing Address 8070 Padre Way NE

City  
Otsego

State  
MN

Zip Code  
55330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Indepndent Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 17 / 2016

Transaction ID : SA11AI.23122

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 109 OF 199  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. The Victor Apple Farm LLC**

Mailing Address 320 Elmdorf Avenue

City  
RochesterState  
NYZip Code  
14619FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2016

**Transaction ID : SA11AI.22166**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thomas, Dylan, , ,**

Mailing Address Trewerin, Chwilog

City  
PwllheliState  
ZZ

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : SA11AI.23125**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Trego, Patricia, , ,**

Mailing Address 7035 Horner Ave

City  
St LouisState  
MOZip Code  
63117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2016

**Transaction ID : SA11AI.23132**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Trego, Patricia, , ,

Mailing Address 7035 Horner Ave

City  
St LouisState  
MOZip Code  
63117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2016

Transaction ID : SA11AI.23133

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Trego, Patricia, , ,

Mailing Address 7035 Horner Ave

City  
St LouisState  
MOZip Code  
63117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2016

Transaction ID : SA11AI.23134

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tulchinsky, Vadim, , ,

Mailing Address 218 Troutman St #2R

City  
BrooklynState  
NYZip Code  
11237FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cypress Equities

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11AI.23138

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

125.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tulchinsky, Vadim, , ,**

Mailing Address 218 Troutman St #2R

City  
Brooklyn

State  
NY

Zip Code  
11237

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cypress Equities

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2016

**Transaction ID : SA11AI.23139**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tulchinsky, Vadim, , ,**

Mailing Address 218 Troutman St #2R

City  
Brooklyn

State  
NY

Zip Code  
11237

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cypress Equities

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2016

**Transaction ID : SA11AI.23140**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Veres, Marian, , ,**

Mailing Address 74-52 Cypress Hills St

City  
Queens

State  
NY

Zip Code  
11385

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VAME Ironworks corp

Occupation (for Individual)  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2016

**Transaction ID : SA11AI.23153**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Veres, Marian, , ,**

Mailing Address 74-52 Cypress Hills St

City  
Queens

State  
NY

Zip Code  
11385

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VAME Ironworks corp

Occupation (for Individual)  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 26 / 2016

Transaction ID : SA11AI.23154

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Veres, Marian, , ,**

Mailing Address 74-52 Cypress Hills St

City  
Queens

State  
NY

Zip Code  
11385

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VAME Ironworks corp

Occupation (for Individual)  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 26 / 2016

Transaction ID : SA11AI.23155

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Waite, Jeff, , ,**

Mailing Address 4532 Oak Crest Hill Rd Se

City  
Iowa City

State  
IA

Zip Code  
52240

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hawkeye Sewer & Drain Inc.

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

07 / 01 / 2016

Transaction ID : SA11AI.23162

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Waite, Jeff, , ,**

Mailing Address 4532 Oak Crest Hill Rd Se

City  
Iowa City

State  
IA

Zip Code  
52240

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hawkeye Sewer & Drain Inc.

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2016

Transaction ID : SA11AI.23163

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Waite, Jeff, , ,**

Mailing Address 4532 Oak Crest Hill Rd Se

City  
Iowa City

State  
IA

Zip Code  
52240

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hawkeye Sewer & Drain Inc.

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2016

Transaction ID : SA11AI.23164

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walker, Justin, , ,**

Mailing Address 3724 County Rd  
1058

City  
Farmersville

State  
TX

Zip Code  
75442

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

Transaction ID : SA11AI.23167

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weigel, Erik, , ,**

Mailing Address 188 Meadowood Ln

City

Vadnais Heights

State

MN

Zip Code

55127

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Electrolux

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2016

Transaction ID : SA11AI.23181

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Weigel, Erik, , ,**

Mailing Address 188 Meadowood Ln

City

Vadnais Heights

State

MN

Zip Code

55127

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Electrolux

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2016

Transaction ID : SA11AI.23182

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weigel, Erik, , ,**

Mailing Address 188 Meadowood Ln

City

Vadnais Heights

State

MN

Zip Code

55127

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Electrolux

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

Transaction ID : SA11AI.23183

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weil, Carolyn, , ,**

Mailing Address 1470 Rose St

City  
Berkeley

State  
CA

Zip Code  
94702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
College Preparatory School

Occupation (for Individual)  
cook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2016

**Transaction ID : SA11AI.23186**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Whitney, Eric, , ,**

Mailing Address 8105 Pinto Path

City  
Austin

State  
TX

Zip Code  
78736-1822

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

**Transaction ID : SA11AI.23200**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Barry, , ,**

Mailing Address 42 Clinton St

City  
Portland

State  
ME

Zip Code  
04103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/a

Occupation (for Individual)  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

**Transaction ID : SA11AI.23205**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Woodson, Tim, , ,**

Mailing Address 1056 Harbor Town Cir

City  
Sparks

State  
NV

Zip Code  
89436

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employed

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 06 / 2016

Transaction ID : SA11AI.23221

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Woodson, Tim, , ,**

Mailing Address 1056 Harbor Town Cir

City  
Sparks

State  
NV

Zip Code  
89436

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employed

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2016

Transaction ID : SA11AI.23222

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Worden, Jason, , ,**

Mailing Address 18160 Bancroft Ave

City  
Monte Sereno

State  
CA

Zip Code  
95030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Varian Medical Systems

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2016

Transaction ID : SA11AI.23226

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOLF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. yao, eric, , ,

Mailing Address 17301 midsummer Ln

City  
Castro Valley

State  
CA

Zip Code  
94546

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UC Berkeley

Occupation (for Individual)

sw engr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016

Transaction ID : SA11AI.23232

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. yao, eric, , ,

Mailing Address 17301 midsummer Ln

City  
Castro Valley

State  
CA

Zip Code  
94546

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UC Berkeley

Occupation (for Individual)

sw engr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2016

Transaction ID : SA11AI.23233

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. yao, eric, , ,

Mailing Address 17301 midsummer Ln

City  
Castro Valley

State  
CA

Zip Code  
94546

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UC Berkeley

Occupation (for Individual)

sw engr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2016

Transaction ID : SA11AI.23234

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 OF 199

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zirbes, John, , ,**

Mailing Address PO Box 16368

City  
Golden

State  
CO

Zip Code  
80402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kroger

Occupation (for Individual)

Service Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

Transaction ID : SA11AI.23239

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25.00

16240.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 OF 199

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. State Fund**

Mailing Address PO Box 8192

City  
Pleasanton

State  
CA

Zip Code  
94588

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2016

Transaction ID : SA15.22059

Amount of Each Receipt this Period

204.45

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

204.45

204.45

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 120 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Administrative Business Services**

Mailing Address 5125 Stoney Meadows Drive

City  
District HeightsState  
MDZip Code  
20747Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

FEC Identification Number

**C****Transaction ID : SB21B.21846**

Amount of Each Disbursement this Period

1560.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Administrative Business Services**

Mailing Address 5125 Stoney Meadows Drive

City  
District HeightsState  
MDZip Code  
20747Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2016

FEC Identification Number

**C****Transaction ID : SB21B.21930**

Amount of Each Disbursement this Period

710.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Administrative Business Services**

Mailing Address 5125 Stoney Meadows Drive

City  
District HeightsState  
MDZip Code  
20747Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2016

FEC Identification Number

**C****Transaction ID : SB21B.21973**

Amount of Each Disbursement this Period

1120.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3390.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 5800 Windward Parkway

City  
AlpharettaState  
GAZip Code  
30005Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.22036**

Amount of Each Disbursement this Period

70.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 5800 Windward Parkway

City  
AlpharettaState  
GAZip Code  
30005Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

FEC Identification Number

**C****Transaction ID : SB21B.22037**

Amount of Each Disbursement this Period

18.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 5800 Windward Parkway

City  
AlpharettaState  
GAZip Code  
30005Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

FEC Identification Number

**C****Transaction ID : SB21B.22038**

Amount of Each Disbursement this Period

4553.98

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4642.11

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 5800 Windward Parkway

City  
AlpharettaState  
GAZip Code  
30005Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

FEC Identification Number

**C****Transaction ID : SB21B.22039**

Amount of Each Disbursement this Period

70.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 5800 Windward Parkway

City  
AlpharettaState  
GAZip Code  
30005Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

FEC Identification Number

**C****Transaction ID : SB21B.22040**

Amount of Each Disbursement this Period

18.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 5800 Windward Parkway

City  
AlpharettaState  
GAZip Code  
30005Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2016

FEC Identification Number

**C****Transaction ID : SB21B.22041**

Amount of Each Disbursement this Period

4553.98

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4642.11

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 123 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 5800 Windward Parkway

City  
AlpharettaState  
GAZip Code  
30005Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

FEC Identification Number

**C****Transaction ID : SB21B.22042**

Amount of Each Disbursement this Period

70.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 5800 Windward Parkway

City  
AlpharettaState  
GAZip Code  
30005Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

**C****Transaction ID : SB21B.22027**

Amount of Each Disbursement this Period

18.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 5800 Windward Parkway

City  
AlpharettaState  
GAZip Code  
30005Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

**C****Transaction ID : SB21B.22025**

Amount of Each Disbursement this Period

4553.98

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4642.11

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address P.O. Box 619616, MD 5675

City  
DFW AirportState  
TXZip Code  
75261Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2016

FEC Identification Number

**C****Transaction ID : SB21B.21911**

Amount of Each Disbursement this Period

320.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address P.O. Box 619616, MD 5675

City  
DFW AirportState  
TXZip Code  
75261Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2016

FEC Identification Number

**C****Transaction ID : SB21B.21924**

Amount of Each Disbursement this Period

221.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address P.O. Box 619616, MD 5675

City  
DFW AirportState  
TXZip Code  
75261Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2016

FEC Identification Number

**C****Transaction ID : SB21B.21926**

Amount of Each Disbursement this Period

224.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

765.90

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address P.O. Box 619616, MD 5675

City  
DFW AirportState  
TXZip Code  
75261Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2016

FEC Identification Number

**C****Transaction ID : SB21B.21927**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address P.O. Box 619616, MD 5675

City  
DFW AirportState  
TXZip Code  
75261Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

**C****Transaction ID : SB21B.21987**

Amount of Each Disbursement this Period

151.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

FEC Identification Number

**C****Transaction ID : SB21B.21777**

Amount of Each Disbursement this Period

3.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

189.85

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

FEC Identification Number

**C****Transaction ID : SB21B.21778**

Amount of Each Disbursement this Period

673.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

FEC Identification Number

**C****Transaction ID : SB21B.21780**

Amount of Each Disbursement this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

FEC Identification Number

**C****Transaction ID : SB21B.22035**

Amount of Each Disbursement this Period

259.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

974.98

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

FEC Identification Number

**C****Transaction ID : SB21B.21781**

Amount of Each Disbursement this Period

18.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

FEC Identification Number

**C****Transaction ID : SB21B.21782**

Amount of Each Disbursement this Period

19.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

FEC Identification Number

**C****Transaction ID : SB21B.21783**

Amount of Each Disbursement this Period

25.13

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

63.97

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

FEC Identification Number

**C****Transaction ID : SB21B.21784**

Amount of Each Disbursement this Period

19.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2016

FEC Identification Number

**C****Transaction ID : SB21B.21785**

Amount of Each Disbursement this Period

14.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21788**

Amount of Each Disbursement this Period

18.11

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

52.10



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2016

FEC Identification Number

**C****Transaction ID : SB21B.21794**

Amount of Each Disbursement this Period

13.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

FEC Identification Number

**C****Transaction ID : SB21B.21796**

Amount of Each Disbursement this Period

12.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

FEC Identification Number

**C****Transaction ID : SB21B.21797**

Amount of Each Disbursement this Period

17.82

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

44.62

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 130 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

FEC Identification Number

**C****Transaction ID : SB21B.21798**

Amount of Each Disbursement this Period

12.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2016

FEC Identification Number

**C****Transaction ID : SB21B.21801**

Amount of Each Disbursement this Period

11.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2016

FEC Identification Number

**C****Transaction ID : SB21B.21811**

Amount of Each Disbursement this Period

10.39

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

34.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

FEC Identification Number

**C****Transaction ID : SB21B.21815**

Amount of Each Disbursement this Period

22.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2016

FEC Identification Number

**C****Transaction ID : SB21B.21819**

Amount of Each Disbursement this Period

9.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2016

FEC Identification Number

**C****Transaction ID : SB21B.21821**

Amount of Each Disbursement this Period

15.19

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

47.76

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

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Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2016

FEC Identification Number

**C****Transaction ID : SB21B.21822**

Amount of Each Disbursement this Period

16.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2016

FEC Identification Number

**C****Transaction ID : SB21B.21823**

Amount of Each Disbursement this Period

17.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

FEC Identification Number

**C****Transaction ID : SB21B.21833**

Amount of Each Disbursement this Period

10.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

44.36

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 133 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2016

FEC Identification Number

**C****Transaction ID : SB21B.21838**

Amount of Each Disbursement this Period

9.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

FEC Identification Number

**C****Transaction ID : SB21B.21839**

Amount of Each Disbursement this Period

23.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

FEC Identification Number

**C****Transaction ID : SB21B.21845**

Amount of Each Disbursement this Period

20.92

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

54.11

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 134 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

FEC Identification Number

**C****Transaction ID : SB21B.21851**

Amount of Each Disbursement this Period

12.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

FEC Identification Number

**C****Transaction ID : SB21B.21852**

Amount of Each Disbursement this Period

16.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

FEC Identification Number

**C****Transaction ID : SB21B.21853**

Amount of Each Disbursement this Period

18.26

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

47.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.21856**

Amount of Each Disbursement this Period

8.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2016

FEC Identification Number

**C****Transaction ID : SB21B.21868**

Amount of Each Disbursement this Period

18.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

FEC Identification Number

**C****Transaction ID : SB21B.21871**

Amount of Each Disbursement this Period

15.05

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

41.92

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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San FranciscoState  
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94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21872**

Amount of Each Disbursement this Period

15.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21873**

Amount of Each Disbursement this Period

10.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21874**

Amount of Each Disbursement this Period

15.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

41.20



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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City  
San FranciscoState  
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94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2016

FEC Identification Number

**C****Transaction ID : SB21B.21875**

Amount of Each Disbursement this Period

21.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2016

FEC Identification Number

**C****Transaction ID : SB21B.21876**

Amount of Each Disbursement this Period

748.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2016

FEC Identification Number

**C****Transaction ID : SB21B.21877**

Amount of Each Disbursement this Period

17.96

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

787.77

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2016

FEC Identification Number

**C****Transaction ID : SB21B.22051**

Amount of Each Disbursement this Period

257.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

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Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.21880**

Amount of Each Disbursement this Period

21.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

FEC Identification Number

**C****Transaction ID : SB21B.21882**

Amount of Each Disbursement this Period

23.71

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

302.73

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 139 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21887**

Amount of Each Disbursement this Period

15.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2016

FEC Identification Number

**C****Transaction ID : SB21B.21890**

Amount of Each Disbursement this Period

12.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2016

FEC Identification Number

**C****Transaction ID : SB21B.21891**

Amount of Each Disbursement this Period

15.07

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

43.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 140 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2016

FEC Identification Number

**C****Transaction ID : SB21B.21892**

Amount of Each Disbursement this Period

18.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2016

FEC Identification Number

**C****Transaction ID : SB21B.21893**

Amount of Each Disbursement this Period

18.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

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Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2016

FEC Identification Number

**C****Transaction ID : SB21B.21898**

Amount of Each Disbursement this Period

10.84

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

47.74

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

FEC Identification Number

**C****Transaction ID : SB21B.21903**

Amount of Each Disbursement this Period

12.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2016

FEC Identification Number

**C****Transaction ID : SB21B.21906**

Amount of Each Disbursement this Period

11.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2016

FEC Identification Number

**C****Transaction ID : SB21B.21907**

Amount of Each Disbursement this Period

8.27

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31.75

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21908**

Amount of Each Disbursement this Period

10.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21909**

Amount of Each Disbursement this Period

19.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

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City  
San FranciscoState  
CAZip Code  
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Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	7			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21912**

Amount of Each Disbursement this Period

15.86

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

46.22

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2016

FEC Identification Number

**C****Transaction ID : SB21B.21914**

Amount of Each Disbursement this Period

15.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

FEC Identification Number

**C****Transaction ID : SB21B.21915**

Amount of Each Disbursement this Period

17.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

FEC Identification Number

**C****Transaction ID : SB21B.21916**

Amount of Each Disbursement this Period

9.38

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

42.16

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2016

FEC Identification Number

**C****Transaction ID : SB21B.21918**

Amount of Each Disbursement this Period

8.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2016

FEC Identification Number

**C****Transaction ID : SB21B.21919**

Amount of Each Disbursement this Period

21.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2016

FEC Identification Number

**C****Transaction ID : SB21B.21921**

Amount of Each Disbursement this Period

20.07

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

49.29



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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San FranciscoState  
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94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2016

FEC Identification Number

**C****Transaction ID : SB21B.21925**

Amount of Each Disbursement this Period

16.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2016

FEC Identification Number

**C****Transaction ID : SB21B.21928**

Amount of Each Disbursement this Period

12.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

FEC Identification Number

**C****Transaction ID : SB21B.21931**

Amount of Each Disbursement this Period

12.64

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

41.51

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2016

FEC Identification Number

**C****Transaction ID : SB21B.21935**

Amount of Each Disbursement this Period

7.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2016

FEC Identification Number

**C****Transaction ID : SB21B.21937**

Amount of Each Disbursement this Period

19.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2016

FEC Identification Number

**C****Transaction ID : SB21B.21938**

Amount of Each Disbursement this Period

17.96

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

44.41

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2016

FEC Identification Number

**C****Transaction ID : SB21B.21939**

Amount of Each Disbursement this Period

15.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2016

FEC Identification Number

**C****Transaction ID : SB21B.21940**

Amount of Each Disbursement this Period

11.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

FEC Identification Number

**C****Transaction ID : SB21B.21941**

Amount of Each Disbursement this Period

692.67

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

719.98

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	6		

FEC Identification Number

**C** **Transaction ID : SB21B.21942**

Amount of Each Disbursement this Period

 21.48☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	6		

FEC Identification Number

**C** **Transaction ID : SB21B.21943**

Amount of Each Disbursement this Period

 10.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	6		

FEC Identification Number

**C** **Transaction ID : SB21B.21944**

Amount of Each Disbursement this Period

 9.19☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 40.67

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 149 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2016

FEC Identification Number

**C****Transaction ID : SB21B.21945**

Amount of Each Disbursement this Period

17.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2016

FEC Identification Number

**C****Transaction ID : SB21B.22052**

Amount of Each Disbursement this Period

253.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2016

FEC Identification Number

**C****Transaction ID : SB21B.21946**

Amount of Each Disbursement this Period

15.74

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

286.16

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 150 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2016

FEC Identification Number

**C****Transaction ID : SB21B.21947**

Amount of Each Disbursement this Period

18.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2016

FEC Identification Number

**C****Transaction ID : SB21B.21948**

Amount of Each Disbursement this Period

19.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2016

FEC Identification Number

**C****Transaction ID : SB21B.21949**

Amount of Each Disbursement this Period

18.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.91

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21950**

Amount of Each Disbursement this Period

14.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

FEC Identification Number

**C****Transaction ID : SB21B.21951**

Amount of Each Disbursement this Period

12.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

FEC Identification Number

**C****Transaction ID : SB21B.21953**

Amount of Each Disbursement this Period

17.81

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

44.53

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

FEC Identification Number

**C****Transaction ID : SB21B.21954**

Amount of Each Disbursement this Period

12.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2016

FEC Identification Number

**C****Transaction ID : SB21B.21955**

Amount of Each Disbursement this Period

11.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2016

FEC Identification Number

**C****Transaction ID : SB21B.21956**

Amount of Each Disbursement this Period

11.28

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.27



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2016

FEC Identification Number

**C****Transaction ID : SB21B.21957**

Amount of Each Disbursement this Period

9.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

FEC Identification Number

**C****Transaction ID : SB21B.21958**

Amount of Each Disbursement this Period

9.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

FEC Identification Number

**C****Transaction ID : SB21B.21955**

Amount of Each Disbursement this Period

18.26

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

37.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 154 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21961**

Amount of Each Disbursement this Period

8.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21964**

Amount of Each Disbursement this Period

14.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21966**

Amount of Each Disbursement this Period

8.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

32.31

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

FEC Identification Number

**C****Transaction ID : SB21B.21967**

Amount of Each Disbursement this Period

16.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

FEC Identification Number

**C****Transaction ID : SB21B.21968**

Amount of Each Disbursement this Period

21.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

FEC Identification Number

**C****Transaction ID : SB21B.21965**

Amount of Each Disbursement this Period

11.52

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

48.89

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2016

FEC Identification Number

**C****Transaction ID : SB21B.21970**

Amount of Each Disbursement this Period

21.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2016

FEC Identification Number

**C****Transaction ID : SB21B.21972**

Amount of Each Disbursement this Period

22.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

FEC Identification Number

**C****Transaction ID : SB21B.22007**

Amount of Each Disbursement this Period

17.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

61.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 157 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.22011**

Amount of Each Disbursement this Period

9.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.22012**

Amount of Each Disbursement this Period

9.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.22013**

Amount of Each Disbursement this Period

15.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

34.27

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 158 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.22014**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2016

FEC Identification Number

**C****Transaction ID : SB21B.22017**

Amount of Each Disbursement this Period

17.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

FEC Identification Number

**C****Transaction ID : SB21B.22018**

Amount of Each Disbursement this Period

16.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

58.18

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 159 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.22024**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.22025**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.22026**

Amount of Each Disbursement this Period

17.77

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

37.77

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 160 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

**C****Transaction ID : SB21B.22055**

Amount of Each Disbursement this Period

1573.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Clayton, Ryan, , ,**

Mailing Address 8710 Cameron Street

City  
Silver SpringState  
MDZip Code  
20910Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2016

FEC Identification Number

**C****Transaction ID : SB21B.22043**

Amount of Each Disbursement this Period

3885.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Clayton, Ryan, , ,**

Mailing Address 8710 Cameron Street

City  
Silver SpringState  
MDZip Code  
20910Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2016

FEC Identification Number

**C****Transaction ID : SB21B.22044**

Amount of Each Disbursement this Period

3885.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9344.14



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 161 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Clayton, Ryan, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 8710 Cameron Street

City  
Silver SpringState  
MDZip Code  
20910Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.22031**

Amount of Each Disbursement this Period

3885.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Democracy Engine**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 2125 14TH STREET NW #101W

City  
WashingtonState  
DCZip Code  
20009Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.22053**

Amount of Each Disbursement this Period

252.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Employment Development Department**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

Mailing Address PO Box 989061

City  
West SacramentoState  
CAZip Code  
95798Purpose of Disbursement  
Payroll Taxes

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.21932**

Amount of Each Disbursement this Period

308.38

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4446.59

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 162 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. ExxonMobil**

Mailing Address 1097 U. S. 302

City  
BerlinState  
VTZip Code  
05641Purpose of Disbursement  
Gas

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	9			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21820**

Amount of Each Disbursement this Period

24.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ExxonMobil**

Mailing Address 1097 U. S. 302

City  
BerlinState  
VTZip Code  
05641Purpose of Disbursement  
Gas

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	7			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21854**

Amount of Each Disbursement this Period

28.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Fedex Office**

Mailing Address 1155 Harrison Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Printing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	1			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21790**

Amount of Each Disbursement this Period

212.76

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

265.58

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 163 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Fedex Office**

Mailing Address 1155 Harrison Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

**C****Transaction ID : SB21B.21962**

Amount of Each Disbursement this Period

3.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Fedex Office**

Mailing Address 1155 Harrison Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

**C****Transaction ID : SB21B.21963**

Amount of Each Disbursement this Period

2.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Google**

Mailing Address 1600 Amphitheatre Parkway

City  
Mountain ViewState  
CAZip Code  
94043Purpose of Disbursement  
Web Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

FEC Identification Number

**C****Transaction ID : SB21B.21775**

Amount of Each Disbursement this Period

95.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

101.27

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 164 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Google**

Mailing Address 1600 Amphitheatre Parkway

City  
Mountain ViewState  
CAZip Code  
94043Purpose of Disbursement  
Web Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.21879**

Amount of Each Disbursement this Period

95.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Google**

Mailing Address 1600 Amphitheatre Parkway

City  
Mountain ViewState  
CAZip Code  
94043Purpose of Disbursement  
Web Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

FEC Identification Number

**C****Transaction ID : SB21B.21977**

Amount of Each Disbursement this Period

95.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gulf Oil**

Mailing Address 14 Ascutney Store R

City  
AscutneyState  
VTZip Code  
05030Purpose of Disbursement  
Gas

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2016

FEC Identification Number

**C****Transaction ID : SB21B.21800**

Amount of Each Disbursement this Period

38.84

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

228.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Gulf Oil**

Mailing Address 14 Ascutney Store R

City  
AscutneyState  
VTZip Code  
05030Purpose of Disbursement  
Gas

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21990**

Amount of Each Disbursement this Period

26.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hartson, Alison, , ,**Mailing Address 10419 Slater Ave  
202City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.22045**

Amount of Each Disbursement this Period

2795.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hartson, Alison, , ,**Mailing Address 10419 Slater Ave  
202City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.22046**

Amount of Each Disbursement this Period

2795.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5616.29

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 166 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Hartson, Alison, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 10419 Slater Ave  
202City  
Fountain ValleyState  
CAZip Code  
92708Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.22032**

Amount of Each Disbursement this Period

2795.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hotwire**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

Mailing Address 655 Montgomery Street

City  
San FranciscoState  
CAZip Code  
94111Purpose of Disbursement  
Travel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.21814**

Amount of Each Disbursement this Period

233.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hotwire**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

Mailing Address 655 Montgomery Street

City  
San FranciscoState  
CAZip Code  
94111Purpose of Disbursement  
Travel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.21831**

Amount of Each Disbursement this Period

130.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3159.23

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 167 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Hotwire**

Mailing Address 655 Montgomery Street

City  
San FranciscoState  
CAZip Code  
94111Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		26		2016

FEC Identification Number

**C****Transaction ID : SB21B.21849**

Amount of Each Disbursement this Period

95.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hotwire**

Mailing Address 655 Montgomery Street

City  
San FranciscoState  
CAZip Code  
94111Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2016

FEC Identification Number

**C****Transaction ID : SB21B.21902**

Amount of Each Disbursement this Period

147.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hotwire**

Mailing Address 655 Montgomery Street

City  
San FranciscoState  
CAZip Code  
94111Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

FEC Identification Number

**C****Transaction ID : SB21B.21988**

Amount of Each Disbursement this Period

301.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

544.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 168 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Hotwire**

Mailing Address 655 Montgomery Street

City  
San FranciscoState  
CAZip Code  
94111Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

**C****Transaction ID : SB21B.21989**

Amount of Each Disbursement this Period

126.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hotwire**

Mailing Address 655 Montgomery Street

City  
San FranciscoState  
CAZip Code  
94111Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

FEC Identification Number

**C****Transaction ID : SB21B.21999**

Amount of Each Disbursement this Period

99.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hotwire**

Mailing Address 655 Montgomery Street

City  
San FranciscoState  
CAZip Code  
94111Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

FEC Identification Number

**C****Transaction ID : SB21B.22001**

Amount of Each Disbursement this Period

253.01

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

479.19



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 169 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Hotwire**

Mailing Address 655 Montgomery Street

City  
San FranciscoState  
CAZip Code  
94111Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

FEC Identification Number

**C****Transaction ID : SB21B.22010**

Amount of Each Disbursement this Period

403.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hotwire**

Mailing Address 655 Montgomery Street

City  
San FranciscoState  
CAZip Code  
94111Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

FEC Identification Number

**C****Transaction ID : SB21B.22023**

Amount of Each Disbursement this Period

123.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hotwire**

Mailing Address 655 Montgomery Street

City  
San FranciscoState  
CAZip Code  
94111Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

**C****Transaction ID : SB21B.22030**

Amount of Each Disbursement this Period

260.91

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

788.02

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 170 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Lake, Richard, , ,**

Mailing Address 1408 Circle Dr.

City  
Mt. ProspectState  
ILZip Code  
60056Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2016

FEC Identification Number

**C****Transaction ID : SB21B.22047**

Amount of Each Disbursement this Period

2207.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lake, Richard, , ,**

Mailing Address 1408 Circle Dr.

City  
Mt. ProspectState  
ILZip Code  
60056Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2016

FEC Identification Number

**C****Transaction ID : SB21B.22048**

Amount of Each Disbursement this Period

2207.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lake, Richard, , ,**

Mailing Address 1408 Circle Dr.

City  
Mt. ProspectState  
ILZip Code  
60056Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

**C****Transaction ID : SB21B.22033**

Amount of Each Disbursement this Period

2207.02

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6621.06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 171 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Monetta, Michael, , ,**

Mailing Address 108 Leslie Drive

City  
PortsmouthState  
NHZip Code  
03801Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21789**

Amount of Each Disbursement this Period

4541.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address P.O. Box 619616, MD 5675

City  
DFW AirportState  
TXZip Code  
75261Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21789**

Amount of Each Disbursement this Period

375.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Dollar Rent a Car**

Mailing Address 9105 NE Airport Way

City  
PortlandState  
ORZip Code  
97220Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21789**

Amount of Each Disbursement this Period

352.50

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4541.07

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 172 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Fedex Office**

Mailing Address 1155 Harrison Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21789**

Amount of Each Disbursement this Period

534.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Motel 6**

Mailing Address 6011 S Street Road

City  
SpringfieldState  
ILZip Code  
62712Purpose of Disbursement  
Lodging

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21789**

Amount of Each Disbursement this Period

286.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Orbitz**

Mailing Address 500 W Madison

City  
ChicagoState  
ILZip Code  
60661Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21789**

Amount of Each Disbursement this Period

624.30

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00
------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 173 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Priceline**

Mailing Address 800 Connecticut Ave

City  
NorwalkState  
CTZip Code  
06854Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21789**

Amount of Each Disbursement this Period

110.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Shell Oil**

Mailing Address 135 N. Access Road

City

South San Francisco

State  
CAZip Code  
94123Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21789**

Amount of Each Disbursement this Period

73.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Spirit Airlines**

Mailing Address 2800 Executive Way

City

Miramar

State  
FLZip Code  
33025Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21789**

Amount of Each Disbursement this Period

110.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 174 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 85 N. Main Street

City  
BranfordState  
CTZip Code  
06405Purpose of Disbursement  
Printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21789**

Amount of Each Disbursement this Period

243.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Monetta, Michael, , ,**

Mailing Address 108 Leslie Drive

City  
PortsmouthState  
NHZip Code  
03801Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2016

FEC Identification Number

**C****Transaction ID : SB21B.22049**

Amount of Each Disbursement this Period

3068.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Monetta, Michael, , ,**

Mailing Address 108 Leslie Drive

City  
PortsmouthState  
NHZip Code  
03801Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2016

FEC Identification Number

**C****Transaction ID : SB21B.22051**

Amount of Each Disbursement this Period

3068.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6136.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 175 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Monetta, Michael, , ,**

Mailing Address 108 Leslie Drive

City  
PortsmouthState  
NHZip Code  
03801Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21979**

Amount of Each Disbursement this Period

2610.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Fedex Office**

Mailing Address 1155 Harrison Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Printing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21979**

Amount of Each Disbursement this Period

414.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gulf Oil**

Mailing Address 14 Ascutney Store R

City  
AscutneyState  
VTZip Code  
05030Purpose of Disbursement  
Gas

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21979**

Amount of Each Disbursement this Period

37.24

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2610.22

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 176 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Hotwire**

Mailing Address 655 Montgomery Street

City  
San FranciscoState  
CAZip Code  
94111Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21979**

Amount of Each Disbursement this Period

882.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Motel 6**

Mailing Address 6011 S Street Road

City  
SpringfieldState  
ILZip Code  
62712Purpose of Disbursement  
Lodging

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21979**

Amount of Each Disbursement this Period

221.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Orbitz**

Mailing Address 500 W Madison

City  
ChicagoState  
ILZip Code  
60661Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21979**

Amount of Each Disbursement this Period

142.20

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 177 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Priceline**

Mailing Address 800 Connecticut Ave

City  
NorwalkState  
CTZip Code  
06854Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21979**

Amount of Each Disbursement this Period

49.47

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Shell Oil**

Mailing Address 135 N. Access Road

City  
South San FranciscoState  
CAZip Code  
94123Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21979**

Amount of Each Disbursement this Period

134.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Spirit Airlines**

Mailing Address 2800 Executive Way

City  
MiramarState  
FLZip Code  
33025Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21979**

Amount of Each Disbursement this Period

190.18

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 178 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 85 N. Main Street

City  
BranfordState  
CTZip Code  
06405Purpose of Disbursement  
Printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21979**

Amount of Each Disbursement this Period

71.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sunoco**

Mailing Address 115 Berlin Rd

City  
CromwellState  
CTZip Code  
06416Purpose of Disbursement  
Gas

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21979**

Amount of Each Disbursement this Period

66.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Monetta, Michael, , ,**

Mailing Address 108 Leslie Drive

City  
PortsmouthState  
NHZip Code  
03801Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

FEC Identification Number

**C****Transaction ID : SB21B.22002**

Amount of Each Disbursement this Period

1195.36

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1195.36

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 179 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address P.O. Box 619616, MD 5675

City  
DFW AirportState  
TXZip Code  
75261Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.22002**

Amount of Each Disbursement this Period

188.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Fedex Office**

Mailing Address 1155 Harrison Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.22002**

Amount of Each Disbursement this Period

490.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hotwire**

Mailing Address 655 Montgomery Street

City  
San FranciscoState  
CAZip Code  
94111Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.22002**

Amount of Each Disbursement this Period

305.99

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 180 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 85 N. Main Street

City  
BranfordState  
CTZip Code  
06405Purpose of Disbursement  
Printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.22002**

Amount of Each Disbursement this Period

52.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Monetta, Michael, , ,**

Mailing Address 108 Leslie Drive

City  
PortsmouthState  
NHZip Code  
03801Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.22034**

Amount of Each Disbursement this Period

3068.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Nationbuilder**

Mailing Address 11693 San Vicente Blvd., #560

City  
Los AngelesState  
CAZip Code  
90049Purpose of Disbursement  
Website

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21787**

Amount of Each Disbursement this Period

1628.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4696.25

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 181 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Nationbuilder**

Mailing Address 11693 San Vicente Blvd., #560

City  
Los AngelesState  
CAZip Code  
90049Purpose of Disbursement  
Website

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21886**

Amount of Each Disbursement this Period

1593.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Nationbuilder**

Mailing Address 11693 San Vicente Blvd., #560

City  
Los AngelesState  
CAZip Code  
90049Purpose of Disbursement  
Website

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21978**

Amount of Each Disbursement this Period

1628.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 2211 North First Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2016

FEC Identification Number

**C****Transaction ID : SB21B.21986**

Amount of Each Disbursement this Period

0.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3221.93

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 182 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Mailing Address 2211 North First Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.22054**

Amount of Each Disbursement this Period

1100.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Priceline**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2016

Mailing Address 800 Connecticut Ave

City  
NorwalkState  
CTZip Code  
06854Purpose of Disbursement  
Travel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.21913**

Amount of Each Disbursement this Period

270.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2016

Mailing Address 1025 Vermont Ave., NW  
Suite 300City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.21878**

Amount of Each Disbursement this Period

850.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2221.20

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2016

Mailing Address 1025 Vermont Ave., NW  
Suite 300City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.22003**

Amount of Each Disbursement this Period

2740.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2016

Mailing Address 1025 Vermont Ave., NW  
Suite 300City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.22016**

Amount of Each Disbursement this Period

900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Shell Oil**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		13		2016

Mailing Address 135 N. Access Road

City  
South San FranciscoState  
CAZip Code  
94123Purpose of Disbursement  
Gas

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.21795**

Amount of Each Disbursement this Period

36.64

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3676.64

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Shell Oil**

Mailing Address 135 N. Access Road

City  
South San FranciscoState  
CAZip Code  
94123Purpose of Disbursement  
Gas

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21812**

Amount of Each Disbursement this Period

32.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Shell Oil**

Mailing Address 135 N. Access Road

City  
South San FranciscoState  
CAZip Code  
94123Purpose of Disbursement  
Gas

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	0			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21824**

Amount of Each Disbursement this Period

30.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Shell Oil**

Mailing Address 135 N. Access Road

City  
South San FranciscoState  
CAZip Code  
94123Purpose of Disbursement  
Gas

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	5			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21842**

Amount of Each Disbursement this Period

27.71

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

91.30



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 185 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Shell Oil**

Mailing Address 135 N. Access Road

City  
South San FranciscoState  
CAZip Code  
94123Purpose of Disbursement  
Gas

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21904**

Amount of Each Disbursement this Period

25.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Spirit Airlines**

Mailing Address 2800 Executive Way

City  
MiramarState  
FLZip Code  
33025Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	1			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21791**

Amount of Each Disbursement this Period

138.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Spirit Airlines**

Mailing Address 2800 Executive Way

City  
MiramarState  
FLZip Code  
33025Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.21805**

Amount of Each Disbursement this Period

98.09

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

261.26

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 186 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 85 N. Main Street

City  
BranfordState  
CTZip Code  
06405Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

FEC Identification Number

**C****Transaction ID : SB21B.21997**

Amount of Each Disbursement this Period

7.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 85 N. Main Street

City  
BranfordState  
CTZip Code  
06405Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

FEC Identification Number

**C****Transaction ID : SB21B.22005**

Amount of Each Disbursement this Period

19.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. State Fund**

Mailing Address PO Box 8192

City  
PleasantonState  
CAZip Code  
94588Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

**C****Transaction ID : SB21B.21965**

Amount of Each Disbursement this Period

358.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

385.87

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 187 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Sunoco**

Mailing Address 115 Berlin Rd

City  
CromwellState  
CTZip Code  
06416Purpose of Disbursement  
Gas

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		26		2016

FEC Identification Number

**C****Transaction ID : SB21B.21847**

Amount of Each Disbursement this Period

27.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sunoco**

Mailing Address 115 Berlin Rd

City  
CromwellState  
CTZip Code  
06416Purpose of Disbursement  
Gas

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2016

FEC Identification Number

**C****Transaction ID : SB21B.21871**

Amount of Each Disbursement this Period

28.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Sunoco**

Mailing Address 115 Berlin Rd

City  
CromwellState  
CTZip Code  
06416Purpose of Disbursement  
Gas

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

FEC Identification Number

**C****Transaction ID : SB21B.22004**

Amount of Each Disbursement this Period

34.94

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

91.06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. SurveyMonkey**

Mailing Address 101 Lyton Avenue

City  
Palo AltoState  
CAZip Code  
94301Purpose of Disbursement  
Internet

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21883**

Amount of Each Disbursement this Period

195.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SurveyMonkey**

Mailing Address 101 Lyton Avenue

City  
Palo AltoState  
CAZip Code  
94301Purpose of Disbursement  
Internet

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

FEC Identification Number

**C****Transaction ID : SB21B.21884**

Amount of Each Disbursement this Period

26.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SurveyMonkey**

Mailing Address 101 Lyton Avenue

City  
Palo AltoState  
CAZip Code  
94301Purpose of Disbursement  
Internet

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2016

FEC Identification Number

**C****Transaction ID : SB21B.21885**

Amount of Each Disbursement this Period

276.52

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

497.82
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. The Liberti Group**

Mailing Address 400 Renaissance Center

City  
DetroitState  
MIZip Code  
48243Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.21857**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Liberti Group**

Mailing Address 400 Renaissance Center

City  
DetroitState  
MIZip Code  
48243Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2016

FEC Identification Number

**C****Transaction ID : SB21B.21936**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Liberti Group**

Mailing Address 400 Renaissance Center

City  
DetroitState  
MIZip Code  
48243Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.21974**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. The Liberti Group**

Mailing Address 400 Renaissance Center

City  
DetroitState  
MIZip Code  
48243Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.22015**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Thrifty Car Rental**

Mailing Address 2380 S 166th St

City  
Sea TacState  
WAZip Code  
98158Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2016

FEC Identification Number

**C****Transaction ID : SB21B.21810**

Amount of Each Disbursement this Period

237.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. U.S. BANK**

Mailing Address 8901 SANTA MONICA BLVD.

City  
WEST HOLLYWOODState  
CAZip Code  
90069Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2016

FEC Identification Number

**C****Transaction ID : SB21B.21795**

Amount of Each Disbursement this Period

12.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1250.27

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. U.S. BANK**

Mailing Address 8901 SANTA MONICA BLVD.

City  
WEST HOLLYWOODState  
CAZip Code  
90069Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		09		2016

FEC Identification Number

**C****Transaction ID : SB21B.21888**

Amount of Each Disbursement this Period

12.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. U.S. BANK**

Mailing Address 8901 SANTA MONICA BLVD.

City  
WEST HOLLYWOODState  
CAZip Code  
90069Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2016

FEC Identification Number

**C****Transaction ID : SB21B.21901**

Amount of Each Disbursement this Period

31.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. U.S. BANK**

Mailing Address 8901 SANTA MONICA BLVD.

City  
WEST HOLLYWOODState  
CAZip Code  
90069Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		23		2016

FEC Identification Number

**C****Transaction ID : SB21B.21917**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

68.95

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. U.S. BANK**

Mailing Address 8901 SANTA MONICA BLVD.

City  
WEST HOLLYWOODState  
CAZip Code  
90069Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

FEC Identification Number

**C****Transaction ID : SB21B.21960**

Amount of Each Disbursement this Period

31.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**

Mailing Address 1455 Market Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

FEC Identification Number

**C****Transaction ID : SB21B.21813**

Amount of Each Disbursement this Period

7.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber Technologies**

Mailing Address 1455 Market Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2016

FEC Identification Number

**C****Transaction ID : SB21B.21811**

Amount of Each Disbursement this Period

10.32

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

48.42



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Uber Technologies**

Mailing Address 1455 Market Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

FEC Identification Number

**C****Transaction ID : SB21B.21848**

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**

Mailing Address 1455 Market Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2016

FEC Identification Number

**C****Transaction ID : SB21B.21850**

Amount of Each Disbursement this Period

20.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber Technologies**

Mailing Address 1455 Market Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.21851**

Amount of Each Disbursement this Period

2.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

39.40

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Uber Technologies**

Mailing Address 1455 Market Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2016

FEC Identification Number

**C****Transaction ID : SB21B.21860**

Amount of Each Disbursement this Period

9.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**

Mailing Address 1455 Market Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2016

FEC Identification Number

**C****Transaction ID : SB21B.21861**

Amount of Each Disbursement this Period

16.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber Technologies**

Mailing Address 1455 Market Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2016

FEC Identification Number

**C****Transaction ID : SB21B.21864**

Amount of Each Disbursement this Period

6.27

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

32.88

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Uber Technologies**

Mailing Address 1455 Market Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2016

FEC Identification Number

**C****Transaction ID : SB21B.21865**

Amount of Each Disbursement this Period

11.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**

Mailing Address 1455 Market Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2016

FEC Identification Number

**C****Transaction ID : SB21B.21866**

Amount of Each Disbursement this Period

2.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber Technologies**

Mailing Address 1455 Market Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2016

FEC Identification Number

**C****Transaction ID : SB21B.21867**

Amount of Each Disbursement this Period

4.29

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

18.08

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. Uber Technologies**

Mailing Address 1455 Market Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

FEC Identification Number

**C****Transaction ID : SB21B.21869**

Amount of Each Disbursement this Period

8.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**

Mailing Address 1455 Market Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2016

FEC Identification Number

**C****Transaction ID : SB21B.21894**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber Technologies**

Mailing Address 1455 Market Street

City  
San FranciscoState  
CAZip Code  
94103Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2016

FEC Identification Number

**C****Transaction ID : SB21B.21905**

Amount of Each Disbursement this Period

25.79

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

39.20

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address PO Box 66100

City  
ChicagoState  
ILZip Code  
60666Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

FEC Identification Number

**C****Transaction ID : SB21B.21983**

Amount of Each Disbursement this Period

134.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address PO Box 66100

City  
ChicagoState  
ILZip Code  
60666Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

FEC Identification Number

**C****Transaction ID : SB21B.21984**

Amount of Each Disbursement this Period

134.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address PO Box 66100

City  
ChicagoState  
ILZip Code  
60666Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

**C****Transaction ID : SB21B.21992**

Amount of Each Disbursement this Period

211.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

479.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 198 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address PO Box 66100

City  
ChicagoState  
ILZip Code  
60666Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

**C****Transaction ID : SB21B.21993**

Amount of Each Disbursement this Period

151.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. United Healthcare**

Mailing Address 4 Taft Court

City  
RockvilleState  
MDZip Code  
20850Purpose of Disbursement  
Insurance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.21881**

Amount of Each Disbursement this Period

2438.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. United Healthcare**

Mailing Address 4 Taft Court

City  
RockvilleState  
MDZip Code  
20850Purpose of Disbursement  
Insurance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2016

FEC Identification Number

**C****Transaction ID : SB21B.21925**

Amount of Each Disbursement this Period

2438.01

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5027.62

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 199 OF 199

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOLF PAC**

Full Name (Last, First, Middle Initial)

**A. United Healthcare**

Mailing Address 4 Taft Court

City  
RockvilleState  
MDZip Code  
20850Purpose of Disbursement  
Insurance

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

FEC Identification Number

**C****Transaction ID : SB21B.21952**

Amount of Each Disbursement this Period

2438.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. United Healthcare**

Mailing Address 4 Taft Court

City  
RockvilleState  
MDZip Code  
20850Purpose of Disbursement  
Insurance

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

**C****Transaction ID : SB21B.21991**

Amount of Each Disbursement this Period

2438.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4876.02

**TOTAL** This Period (last page this line number only)..... ►

98750.92